Lectures
ON THE
CLINICAL USES OF ELECTRICITY.

Delivered in University College Hospital,

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LECTURE I.—PART I.

I. General remarks on diagnostic and therapeutic uses of electricity. II. Forms of electricity employed. (a) Franklinism. 1. Charge. 2. Sparks. 3. Shocks. (b) Galvanism. 1. Continuous current. Direct and inverse. 2. Interrupted. (c) Faradism. Primary and secondary currents. Importance of observing distinction between forms of electricity.

GENTLEMEN,—The clinical uses of Electricity, to which in these lectures I shall strictly confine myself, are twofold: electricity may be employed as an aid in *diagnosis*, and it may be used for the purposes of *treatment*.

I. First, I will say a few words to you generally, with regard to these two uses, and afterwards I shall deal with them in detail.

In respect of the *diagnostic* use of electricity, I want at the outset to guard you against a misapprehension. Electricity can only help you in diagnosis up to a certain point; it will sometimes enable you to say that there is something definitely wrong. You examine, for instance, the lower limbs of a patient, and you find a distinct difference between the right leg and the left. In the one the muscles act perfectly when you apply the electric current—no matter which form of current at this moment,—while in the other they do not act. From this observation you may infer, and quite apart from the patient's statement, that there is something positively wrong. So far, then, electricity may help you. But please do not make the mistake of supposing that all is right because you find no difference between the two limbs. That is quite an unfair inference, but one which has been so often drawn that I must at once caution you against it. Now and then you may find the electric condition perfectly symmetrical in the two arms or the two legs, and yet there may be something very grave the matter with one of those arms or legs. When there is a peculiar kind of malady present, electricity may help you to discover that, and enable you utterly to eliminate one thing—"sham"; but you are not to infer that the patient is a malingerer, because you can detect no electric difference between two limbs, one of which he says that he can move, while he asserts that he cannot stir the other.

Again, with regard to *treatment* by electricity I have a few general remarks to make. You can sometimes actually and immediately cure a patient. There are cases in which the only symptom that may be presented to you—I do not say the whole morbid condition, but the only symptom—is loss of voice. Sometimes one single application of electricity will remove it completely, and in that instance you do apparently cure the patient. There are other diseases which you cannot be said to cure, but which you may relieve by electricity. By its application you may, in many instances, again and again, relieve pain; you may, in like manner, relieve spasm; or you may slowly diminish, and even ultimately remove, paralysis. In these cases you assist, by electricity, the processes which lead to the removal of the pain, paralysis, or spasm: you put the patient, by electrical appliances, into a better position to improve, or be cured by the agencies of food, medicines, rest, and time. Lastly, there is a group of cases in which, though you cannot cure, or even relieve, the symptoms, you may yet arrest the progress of disease. Sometimes, for example, in a child with so-called "essential paralysis," you may prevent deformity, though you cannot cure the paralysis. In certain cases of lead-poisoning, muscular atrophy, &c., although you cannot recall the muscular substance, you may prevent the atrophy from increasing.

These are the general facts which I wish you to bear in mind with regard to the two main directions in which electricity is useful—viz., in diagnosis and in treatment.

II. Before speaking to you about the kinds of diseases in which you may use it, and the modes in which you must apply it, I think it is necessary for me to say a few words, as briefly as possible, about the several forms of electricity which are now in common clinical use. You constantly hear of "faradisation," "electrification," "galvanism," and so on; of "battery current," "continuous current," and the like: and it is probable that some of you may not have perfectly clear ideas as to the meaning of these terms, or, at any rate, ideas which are precisely the same as mine, and I should like us to have a common starting-point, in a clear comprehension of the meaning of the words we use.

(*a*) Many years ago it was the therapeutic fashion to put the legs of patients into buckets of torpedos, or electric eels; but this practice has become obsolete, and there are now only three forms of electrical appliance in common clinical use. One is that of the old-fashioned "electrical machine," either a cylinder or plate of glass, which, by friction, produces a certain amount of electrical disturbance, one of the results of which you collect on an insulated piece of brass called a "prime conductor." This is the oldest mode of applying electricity which is now in force in our hospitals. In the present day it is sometimes called "static" electricity; and in speaking of the use of static electricity, what is meant is that the person is charged, like that "prime conductor," with electricity of that particular kind. It has also been called "frictional" electricity, from the mode of its production; and also "Franklinic" electricity, or "Franklinism," in memory of the individual who—I will not say discovered it, but who—made out more about it than anyone else at the time that he worked at the subject.

1. There are three modes in which that electricity is applied. One is simply to make the patient, as it were, a part of the prime conductor, and charge him full of electricity. You insulate your patient by placing him upon a glass-legged stool, taking care that he is not in contact with any conducting substance; then you connect him by a brass chain, by his own hand, or by any other mode you like, with the prime conductor; you set the machine in action, and fill him full of electricity, doing nothing more. That is the simplest mode of applying static electricity. In certain diseases it is curious what this will do, without putting the patient to the least discomfort. Probably the only thing he will be conscious of is that his hair seems to be "standing on end"; this is neither painful nor even uncomfortable, but it is wonderful how much that simple "charging" a patient will effect in some forms of disease. I have known it absolutely remove, in a few seconds, a "tic" that had lasted for days. Pain in the sciatic nerve, many odd and disagreeable sensations, unpleasant flutterings about the heart, depending on weak innervation, and tremor of the limbs, may all be removed by simply "charging" the patient.

2. Another mode of using this franklinic electricity is to apply a "spark" to a particular part. You may have a movable, insulated brass knob in connexion with a prime conductor, and you direct it to the larynx, or some other part, and let the spark go into the skin. Or you may put the patient on a glass-legged stool, and charge him or her in the way I have described, and take a spark out of the larynx or the limb with your knuckle or with a rounded knob. In some cases of aphonia, where the aphonia depends on a special condition, you may insulate the patient and charge him with electricity without the slightest benefit; but take a spark out of the larynx, or put a spark in—whether positive or negative it matters not,—and that particular condition of aphonia may be cured directly. This I have known to occur when much more painful processes of electrification had been previously tried, and without effect.

3. A third mode of using franklinic electricity is that of sending the shock from a charged "Leyden phial" through the part that you wish to affect. This has occasionally produced curative results when other modes have failed; and it is in obstinate nervous aphonia that its influence has been the most distinctly seen. But, short of being hanged, I do not imagine that anything could be much more unpleasant.

(*b*) The next form is what has been called Galvanism. It is the form of which one hears so much, in the present day, under the name of the "continuous current," or "battery current," or, as it has been sometimes called, with a Hibernian misuse of words, the "interrupted continuous current." By all these terms is meant that form of electricity which is developed by chemical decomposition. The particular form of battery does not matter, so far as the quality of the electricity is concerned. Wherever you have chemical decomposition in progress, there also is some electrical change going on; and the only object a medical electrician has, in choosing any particular form of battery, is to catch the electricity as best he may. This form of electricity is characterised by the following features. It is of low "intensity," so far as regards its action upon nerve and muscle, but it is in considerable "quantity," and it produces "chemical" results, and results on temperature, "thermic" results, that are not approximated by the franklinic electricity.

I am not now going to describe to you the batteries, of which there are numberless kinds. The choice among them is guided chiefly by considerations of cheapness, portability, the ease with which the machine can be kept continuously in order, the bulk of the battery, and the readiness with which its strength of action can be regulated. What you want is a current that shall play evenly, and at a measurable strength, for a certain length of time. It is convenient to have a battery that is portable, and it is a great point to have one that does not require everlastingly looking after. The battery in our electrical room in this hospital* is not portable, but the majority of our patients are: it will act very steadily for three or four months; it is tolerably cheap; it can be very readily put in working order by a person who does not need a great amount of electrical skill; and you can easily regulate the strength of the current you employ.

1. There are two modes in which this kind of electricity, or galvanism, is used. In one of them the current is "continuous," in the other it is not. A really *continuous* current may be passed through the body, or part of the body; and this is accomplished by introducing the whole or a portion of the human body into the circle of the battery, and then letting the current play through it. This will do the following things: it will relieve spasm of certain kinds; it will relieve pain of certain kinds, and this sometimes in a few seconds, and the effect is as obvious and distinct as is that following the administration of an emetic. A person may have a particular kind of headache; you pass a continuous current, as it appears, through his head, and sometimes in a few seconds the pain is gone. It will also remove some forms of tremor and of spasm.

I want you to bear in mind certain points respecting the effects of the continuous current upon the limbs, according to the direction in which it is passed through those limbs. Supposing I have the positive end of the battery connected with a person's left hand, and the negative end connected with his right, the current passing from the positive to the negative pole goes up the person's left arm to the trunk of the body, and down the right arm to the machine again. The current passing up the arm has been called the "inverse," and that coming down the arm has been called the "direct." In the arm in which the current is passing upwards the "irritability" of the muscle and nerve is gradually increased; in the other arm, in which the current is passing downwards, the irritability is gradually diminished. You may test this fact by now and then breaking and remaking the continuous current; and you will find that in the two arms two different degrees of irritability exist, according to the direction in which the current had been passing, whether up or down. One arm will act more, the other less readily than in health. The difference thus produced between them is sometimes highly marked.

It may occur to you to ask, "If that be the case, which current should I use to relieve pain and spasm, the direct or the inverse?" All I have to say is, that, so far as I have seen, it does not make the smallest difference. Theoretically it should make a very great difference, but practically it makes none. I have seen pain or spasm relieved as well by the current in one direction as in the other, and this whether the spasm has been clonic or tonic, or whether there has been merely tremor.

The continuous current, when weak, produces little or no pain. The patient feels nothing, or next to nothing. If it be strong, he feels a tingling or burning at the points of contact, and a sensation of tightness and tension in the part, between the points of contact, that is very disagreeable, or, indeed, intolerable.

2. Another mode of using the battery current is by *interrupting* it—making it not continuous. This may be done in various ways. You may take the two sponges attached by wires to the two ends of the battery, place one sponge on the upper part of the man's leg, and interrupt the current by occasionally dabbing the other sponge on the leg at a more or less distant point. By that means you "make" and "break" the current. Or you may have a simple piece of apparatus attached to the battery—a cogged wheel, with alternating conducting and non-conducting materials; which wheel can be rotated, and so interrupt the current, while the sponges are maintained in place. Or you may use a little vibrating wire, which makes and breaks contact rapidly, as in one of Pulvermacher's interruptors. In thus applying the battery current you will notice this further fact—namely, that the "direct" application produces more obvious effects upon the muscles (i. e., induces a more marked contraction) than does the "inverse" or "indirect." You will find, for example, that an interrupted battery current—say of ten cells,—which when sent *down* the arm produces distinct contraction of the muscles, may elicit no contraction, or very much less contraction, when it is sent *up* the arm in the opposite direction. It is important to bear this in mind when thus using galvanism for the purposes of either diagnosis or treatment, as I shall hereafter show you.

(*c*) The third form of electricity is "faradisation" or "faradism." It has also been called "induced" electricity, "magneto-electric," "voltao-magnetic," "voltao-dynamic." When you hear used any one of these words, you will understand by them that particular kind of electricity of which Faraday was the great exponent. It is electricity of very high tension, and resembles more closely franklinic electricity than it does the galvanic current. The chemical action of faradisation is almost *nil*; the direct effect on temperature is almost *nil*; it causes no burning feeling, no sensation of heat, like that which is communicated by the galvanic current; but, under ordinary circumstances, it produces marked contraction of the muscles, and a powerful action on the nerves of both motion and sensation. It is an "induced" current, and is of momentary existence only; but these momentary currents may be repeated slowly or repeated quickly. It exists only at the moment of making or breaking the galvanic current, or at the moment of making or unmaking a magnetic condition in a piece of metal; but it may be made or broken so rapidly that you may pass very many currents in a second of time in both directions. Remember, lastly, that, though it is of momentary duration, it is of very high tension.

There are two terms used commonly about it, and which you may see on batteries of various kinds—"primary" and "secondary." It is for clinical purposes an almost useless distinction. The difference between the two has been said by some to be this—that the primary will have a more distinct action upon one set of nerves, and the secondary upon another. But the most marked physiological difference that can be made out between them is that the secondary is of greater intensity than the primary, and will sometimes proceed more deeply into the parts you wish to affect. It is an unhappy use of the word "primary," for the current so named is not a primary current in the sense of being a battery current; it is essentially an induced current. The other is an induction from an induction, and is "secondarily" induced, and the clinical difference between them is mainly one of intensity. If, then, you apply the terms "primary" and "secondary" to faradisation currents, remember that you should mean by *each* of them "induced."

Those, then, are the three principal forms in which electricity is employed in medicine. It is important for you to recognise them, and to know which form is employed. If you read the histories of past experiments you will find much diversity in the results obtained, some of which is to be explained by the fact that machines of different kinds were used in the experiments performed. Let me give you an instance of this. Some years ago there was a great discussion between Dr. Marshall Hall and Dr. Todd as to whether the irritability of the muscles, in such cerebral diseases as produced paralysis, was increased or diminished,

* Elliott's.

as contrasted with the state of the limbs in "spinal paralysis." Dr. Marshall Hall maintained that in paraplegia dependent on what he termed "spinal paralysis," the irritability was diminished; but that in cases of paralysis dependent simply on the brain, especially where it was one-sided, the irritability of a paralysed limb was increased. Dr. Hall, in his experiments, used a battery current, or galvanism, of low intensity, from a Cruikshank's trough of small cells, about an inch and a half square, and his object was to test the irritability of the limbs by using the lowest power that would put the muscles into action. Dr. Todd performed experiments with an induction apparatus, and it was found that the paralysed limb might only just quiver to the shock, while the other, the healthy limb, was often put into violent contraction. The matter was in dispute for a long time, and it was left by its first propounders in a very unsatisfactory condition. But we know now that the actions upon paralysed limbs of these two forms of electricity often differ so widely that to lose sight of their points of difference would be to render observations valueless. You can come to no right conclusion as to the irritability of a limb in paralysis if you pit against one another two sets of experiments, the one with an induced, and the other with a battery current. It is like asserting that the effect of ipecacuanha was clearly not to produce vomiting, because you had given a dose of calomel and it had not had that effect. I shall refer to this question again when speaking upon the diagnostic uses of electricity.

Clinical Lecture
ON
INFANTILE PARALYSIS AND PARALYTIC CONTRACTIONS.

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OF HALLE.

(*Continued from p. 261.*)

THERE occur also, in the second place, very important further changes, which threaten to impair, in the highest degree, the utility of the already crippled limb. The articular surfaces undergo changes of shape and direction; and the affected portions of the extremity assume unnatural positions. In a word, there arise the so-called paralytic contractions, that are seen with especial frequency in the leg, as the various forms of club-foot. And although the paralysis itself soon becomes stationary, and the atrophy attains its maximum after no long period of time, yet the deformity tends continually to increase until the growth of the skeleton is complete.

By far the greatest number of all cases of clubbed or deformed feet that develop themselves after birth are paralytic in their nature, and due to infantile paralysis.

The most frequent form is the talipes equinus, united commonly with slight, less commonly with severe, varus. Less frequent is the flat foot, talipes valgus. Less frequent still is talipes calcaneus; or the complicated condition present in the boy before us, talipes calcaneo-valgus. In the knee and hip certain changes in the mechanism of the joints, hereafter to be noticed, do indeed occur; but even in the most severe cases they do not lead to contraction. In the upper extremity the progress is somewhat different. The fingers and wrist almost always assume a position of permanent flexion. The elbow-joint remains free. In the shoulder, in severe cases, the power is almost always lost, in course of time, of executing even passive movements of a kind that have not been required from the crippled member, and hence not performed; such as complete elevation of the arm. The pectoralis, latissimus, and other muscles appear to be more or less contracted. So at least it has befallen in the cases that I have witnessed, and which, as I have said, exceed one hundred in number. Such, therefore, is at least the rule.

Among these changes it is manifest that the foot occupies the most unfortunate position. The deformities that develop themselves in this member are by far the most severe and most embarrassing. Naturally, a paralysed arm will be used little or much, according to the degree of the paralysis. A paralysed foot must be used. As already stated, nearly all children with essential paralysis, affecting one or both lower extremities, accomplish an incomplete and difficult locomotion without crutches. Only in rare and very severe cases will the use of crutches be required.

What is the cause of these paralytic contractions? How comes it that they occur?

The theory to be found in all books on the subject is the so-called *antagonistic*, first accurately formulated by Delpech. It proceeds on the assumption that the paralysis that occasions deformity must always be partial, or at least unequal. The non-paralysed or the less paralysed muscles draw the limb over to their side. The shortening that they thus undergo is in the first instance purely functional; but in time they lose the power of extension, and this state, as distinguished from contraction, has been called retraction.

The theory thus stated is very simple. We have to inquire, however, by what stimulus the non-paralysed or partially paralysed muscles are called into this uninterrupted action, which goes on to impairment of nutrition and structural shortening? The stimulus has been sought in the so-called "tone." It has been assumed that muscles are always in slight action; and that from the spinal cord there continually proceeds to them, even when apparently at rest, a force exciting them to contract. Under ordinary circumstances the antagonist muscles balance one another, and maintain the equilibrium of the limb; somewhat as that of a mast is maintained by the tension of its encircling sails. If the sails on one side are cut away, or the muscles on one side paralysed, the mast will fall, or the limb will be drawn over towards the opposite direction.

It is certainly established that the vascular system is under the influence of this kind of continuous action. In the voluntary muscles the existence of "tone" is in the highest degree doubtful. We, as surgeons, however, may leave this question out of sight. We are not called upon to consider whether tone may possibly exist in voluntary muscles as a feeble power, but whether it is capable of definite and very considerable work; or, that is, whether in paralysis of the antagonists the tone of the non-paralysed muscles is capable of overcoming the weight of a limb or of a segment of a limb. It must do this before it can be used to explain the occurrence of deformities. Now of such a power, gentlemen, there is not the faintest trace. That there is not is shown, among many other proofs, by the simple fact that the arms swing like pendulums from the shoulder and elbow during progression. The slightest change in the line of gravity immediately produces movements in the joint. The slightly flexed position of the elbow-joint of a relaxed and dependent arm is not due to the uninterrupted traction of all the muscles upon the joint, and, as was once supposed, to the preponderating strength of the flexors, but to the elastic tension of the tissues forming and surrounding the joint. It remains unchanged after death.

Twenty years ago, Werner took the field very completely armed against "tone," and especially against its use to explain paralytic contractions. People either did not or would not understand him, although he had the modesty to style himself the reformer of orthopædics, and his polemics bore a highly aggressive character. But, the theory that he attempted to set up as a substitute for that of tone, and by the help of which he sought to escape from the antagonistic character of the contractions in many cases, contains, among many errors, one correct element, upon which we must for a moment pause.

He called attention to the self-evident fact that a muscle may indeed contract, but that it has no power actively to extend itself. When, therefore, the extensor muscles of any limb are paralysed, the flexors remaining healthy, that limb, so far as muscular action is concerned, must be in a position of flexion. Unless it fall back into a state of extension by its own weight, or is replaced by the hand or in some other manner, it must remain flexed. Consequently, it will happen that it will be found flexed frequently and for long periods, and hence in time a structural shortening of the flexors may be developed.

Werner used this argument to explain the condition that still affords the chief support to the "tone" theory—the

rapidly occurring obliquity of the face that follows paralysis of the portio dura. The contraction of the unaffected side, in such cases, is not coincident with the paralysis, but follows with the first movements of speech or facial expression. The muscles that are then called into contraction remain shortened, since there are no antagonists to extend them, and the trifling weight of the cheek is insufficient to do so. Following Werner's suggestion, in two cases of large operations upon the face, in the course of which the portio dura was divided, I have restored the normal position of the distorted upper lip with my fingers. The asymmetry did not return so long as the patient was able to keep the other side of the face motionless.

But even under this new aspect the antagonistic theory has no great bearing upon the development of contractions, especially in the foot, with which we are chiefly concerned. Contractions of the foot occur, as C. Hüter first showed with certainty, in no necessary accordance with the antagonistic plan.

In order to see this, it is necessary to examine whether each single case always coincides with the theory; whether actual deformities only occur in cases where some of the muscles are not paralysed, or where the degree of paralysis is unequal; and whether the limb is always drawn towards the direction of the sound or the less paralysed muscles. These conditions are frequently realised, but they are not realised in all cases; and an examination of a large number of patients, with special reference to the question, gave me the following results:—

1. In complete paralysis of all the muscles of the leg we may have the very worst forms of club-foot;* and, in complete paralysis of all the muscles of the forearm, the most severe contractions of the hand and fingers.

2. In incomplete but very extensive cases of paralysis, it is not uncommon in either extremity for the muscles on the concavity of the curvature (the shortened muscles) to be those that are most completely paralysed; while on the antagonistic theory the very reverse would be the case.

3. Even in paralysis limited to a single group it is not uncommon for the deviation to take place towards the paralysed muscles.

Further proofs of these statements will be laid before you in the sequel; but, if they are well founded—and on this point an examination of the children here present may convince you—it follows that the deformities in question, at least in many cases, are not produced by muscular action.

Werner, whom I have already mentioned to you, was on the way to the right solution of the problem, but yet he passed it by. On a very intelligent boy, who had already undergone a tenotomy on the other limb with great fortitude, he divided the tendo Achillis (on account of congenital, and therefore not paralytic, club-foot) in the following way. The boy sat upon a table, with the leg hanging down, and an assistant rendered the sinew tense in the ordinary way, by flexion of the foot at the ankle-joint. The sinew being cut through, the assistant at a given sign let the foot go, and it fell by its own weight into the position of extreme talipes equinus. Werner would have required to go only a step further in order to have demolished the antagonistic theory. He would only have needed to say that if, instead of an arrest of function by division of the tendon, there had been paralysis of the sural muscles, the foot would have fallen in a similar way; and that hence, in long-continued disuse from paralysis, a talipes equinus would be developed, although the antagonistic theory would require the development of a talipes calcaneus.

To draw this conclusion was, however, reserved for C. Hüter, to whom we are indebted for most valuable researches into the mechanism and derangements of the joints. He showed, also, that the mass of the foot is so unequally divided by its axes of movement that, by its own weight, it does not merely sink with the toes downwards, or, as would be commonly said, become extended (plantar flexion), but it makes at the same time a second movement, by which the inner border rises to a higher level than the outer (supination), and the great toe turns inwards (adduction). I am sorry that I must confine myself to these passing considerations. The experiment is so simple that you may at any moment satisfy yourself of the correctness of the description.

* Lidhardt had already placed this fact on record.

The position that is thus assumed by a foot left to itself, and uninfluenced by muscular action, is exactly the same as that which is observed, as a rule, although in a somewhat exaggerated degree, in cases of paralytic deformity. And that deformities of the foot may be produced by its weight alone is seen very frequently in cases of complicated fracture of the leg, that are treated without bandages that restrain the foot, but in some kind of sling. In such cases a marked talipes equinus is commonly formed; and, when the sole of the foot is insufficiently supported, there is always an admixture of varus. The normal position is only gradually restored by walking. In such cases we may also often see a hollowing of the sole of the foot like that which exists in a greater degree in paralytic club-foot, and which is then commonly traced to contraction of the plantar fascia. It is obviously due to the fact that the anterior parts of the foot, the toes, and metatarsal bones, gradually approach the heel by their weight, and that the muscles and soft parts undergo secondary shortening. (Hüter.)

During long confinement to bed on account of internal maladies, we sometimes witness the development of foot deformities of a similar type. I have seen such in the case of a lady who had severe typhus, followed by a relapse, and by extreme debility that kept her for months in bed. When the patient made her first attempt to stand, it was found that she had acquired club-foot on both sides. No muscular paralysis existed. The feet were, however, so fixed in their new position, that a year's orthopædic treatment was required in order to enable her to walk.

It follows that we must assign to simply mechanical influences an important share in the production of the most common form of paralytic club-foot. But in many instances the deformity assumes a different or even an opposite character. How are these forms to be explained without the active participation of muscles? And how are contractions of other joints produced?

In order first to answer these questions for the lower extremities, I have followed a somewhat different method from that of Hüter. I caused the patients to walk, and carefully observed their gait. For this purpose I have had many opportunities in all stages of the disease; and, to my great surprise, I was first aided by the action of the knee-joint. I had long since observed that the knee never became the seat of contraction, even when the paralysis extended to the thigh; but that, on the contrary, the joint was unnaturally movable, and always in the same way—it was over-extended. The thigh and leg formed an obtuse angle open in front (genu recurvatum). As a rule, this deformity does not attain any great degree; but sometimes it may do so. In extreme cases of paralysis the joint becomes actually shaky. In the hip-joint similar changes take place, and show an abnormal relaxation of the capsule. We can impress movements upon the paralysed limb that would be impossible with the sound one. In our two patients, for example, I can rotate the thigh outwards so completely, without giving pain, that the foot is pointed almost directly backwards. This symptom is so seldom wanting, even when the paralysis is limited to some of the muscles of the leg, that in slight cases it furnishes a valuable aid to diagnosis.

My surprise increased as I convinced myself that the recurved knee was constantly associated with weakness or incomplete paralysis of the quadriceps femoris; and that it was even found when this muscle was completely paralysed. In such cases the flexors would retain all or nearly all their power. Here, then, was a case in which the deviation was precisely towards the side of the paralysed muscles.

That, under the conditions stated, we have no contraction towards the flexor aspect, and therefore no permanently flexed position is, however, easily intelligible. Both in the erect and the supine positions the limbs fall by their own weight into the state of extension; and the flexors of the knees, even in complete palsy of their antagonists, are extended too frequently to fall into structural shortening.* But how comes it that these muscles are over-extended?

* I speak here of the great majority of cases; but must add, to avoid misconception, that contractions of the knee and hip joints may occur under exceptional circumstances, and chiefly from the use of crutches. The patient is then compelled, during progression, to draw up the lower extremities towards the abdomen, in order that the feet may clear the ground. So also in totally neglected children, who have lain in bed on one side, with knees drawn up, for years together. But these are exceptions to the rule.

The answer is that the patients strive to get on in walking with the least possible aid from the quadriceps. They walk precisely like one who has suffered amputation through the thigh, and who wears an artificial foot. The mechanism of artificial feet for such cases is usually extremely simple. The stump is received into a socket that rests against the buttock and ischium; and from this socket proceeds a leg, having a hinge for the knee, and a foot attached. The hinge is so arranged that it serves readily to flex the knee, but not to extend it beyond an angle of 180 degrees. If complete extension were attained, the hinge would be at a lock, as would happen also in the natural knee. There is, therefore, a mechanism somewhat like that of a pocket-knife.

In order to understand how the patient walks with such a contrivance, how he flexes and extends this knee-joint devoid of muscle, and under what conditions he can rest the weight of his body on the artificial limb, take an open pocket-knife in the hand, and hold it upright with its point on the table, and the back of the knife turned from you. The blade then answers to the leg, the clasp to the knee, and the handle to the thigh, of the artificial limb. Your closed hand, grasping the handle, answers to the body of the patient. You can then, as you see at a glance, make the blade move on the lock by slight changes in the direction of your pressure. The direction of the movement depends on the relation borne by the weight, represented by the pressure of your hand, to the pivot in the lock on which the blade turns. If the pressure falls behind this pivot—that is, on the side of the edge,—the blade closes if the weight be sufficient. If the pressure fall in front of the pivot, the blade opens; and when it is fully opened, you may lean with full force on the handle. It is even so with the patient and his artificial foot. He moves the knee-joint by using the weight of his body now in front of, and now behind, the axis of movement of the hinge. He has this knack to learn, and he learns it speedily. If he desires to rest his weight on the artificial foot, the line of gravity must fall in front of the hinge. If he forgets this, the limb closes under him, and he falls down; an accident that often happens at first. But the maker much facilitates the use of the leg by placing the hinge as far back as possible, and, farther, by making it stop when the leg and thigh form an angle of a little more than 180°. In fact, he gives to the limb a slight degree of genu recurvatum.

I have seen several cases in which sufferers from infantile paralysis had complete palsy of all the muscles moving the knee-joint, but they nevertheless walked without crutches. I have seen a still larger number in which the extensors only were completely paralysed, and the flexors still powerful; and very many in which only a more or less considerable weakening of the extensors had remained. In all the mechanism of progression was the same. They brought forward the paralysed foot (and this, in the most severe cases, was effected by a kind of swinging movement), and then allowed the weight of the body to act in such a manner that it maintained the knee-joint in a state of extreme extension. The limb could not then double-up either forwards or backwards. In front, the surfaces of the tibia and femur were held together by the superincumbent pressure; behind, the ligaments prevented their separation. Bones and ligaments supported the whole weight of the body; and, under such conditions, the physiological check apparatus suffers in the course of time. Its component parts share in the generally impaired nutrition of the limb, and therefore, so to speak, the material from which it is formed is inferior. The ligaments in the hollow of the knee yield somewhat, the unnaturally loaded bones remain somewhat too low in front, the knee is over-extended, and forms genu recurvatum. If, as is usual, the change does not attain a very high degree, it rather assists than hinders locomotion.

Precisely similar conditions are repeated in the hip-joint. You have already seen evidence of the relaxation of its ligamentous apparatus. This leads not unfrequently to an over-extension, by gradual stretching of the anterior portion of the capsule. Although in this the strongest ligament of the human frame, the ligamentum Bertini, is interwoven, yet it will yield gradually when the patient continually brings upon it the whole weight of the body. This happens when the pelvis, instead of being supported upon the femur, is left as far behind it as the ligament will permit. The symphysis of the pubes is then thrust forward, and the forward curve of the lumbar spine is increased. Young children acquire a gait somewhat resembling that of congenital dislocation of the hip-joint. I have known many errors in diagnosis occasioned by this resemblance; and even Verneuil was so far deceived by it as to conclude that what was called congenital dislocation was not really congenital, but a secondary displacement consequent upon infantile paralysis. The cause, therefore, of many of the paralytic deformities of joints is that the patient is unable to regulate by the muscles the relative positions of two segments of the limb, and that the joint movement is carried to the full extent that physiological checks allow, in order to obtain steadiness by the aid of the weight of the body. The limb is then simply used as an inflexible support.

We are here dealing with conditions to which a greater or less share has long been assigned in the production of another class of deformities, that at first sight appear to be very different from paralytic contractions, but that occur only in young persons, in whom the growth of the bones is not completed. I refer to the form of scoliosis attributed to habit, the common flat-foot, and the genu valgum. These, also, only occur when the bones and ligaments are burdened by work that should be done by muscles, but for which the muscles are either absolutely or relatively unfit. Even laziness has a certain share in their production. To say that the difference between these daily occurring deformities and paralytic contractions is only one of degree would not be accurate. But in each we are concerned with the same mechanical conditions; and in infantile paralysis it may often happen that in the parts that become deformed the special paralysis is a matter of less account than the great general weakness and the wretched state of the nutrition.

(To be concluded.)

[*Erratum.*—In the first part of this lecture, published on the 19th ult., on page 261, line 34, for "disease" read *disuse*.]

ON A CASE OF CÆSAREAN SECTION.

BY ARCHIBALD NEILSON, L.R.C.P.Ed., L.F.P.S.G.

IT being the duty of all surgeons who desire the advancement of science to report, carefully and truthfully, the progress and termination of every case interesting on account of its rarity, I submit the following history of a case of Cæsarean section, which occurred in my practice a short time ago.

On the 26th of August last, Mrs. L—— called at my consulting room and engaged me to attend her at her confinement, which she expected would take place about the second week in October. She appeared to be between forty and fifty years of age, but said she was only thirty-three; was pale and anæmic-looking, and about four feet nine inches in height. *Had lateral and antero-posterior curvature of the spine.* Her father and mother were dead, but she had a sister who was the mother of eight children. I gave her the usual instructions as to keeping her bowels regular and avoiding over-exertion, and heard no more concerning her until

Saturday, the 2nd October, when I was sent for to see her at 7 A.M. Labour appeared to be commencing, but the pains were not very strong. Pulse 70; respiration 22. On examination, I found the space between the tuber ischii to be about one inch only, and between the tuber ischii and the coccyx only one inch and a quarter. Beyond this, I could only make out the promontory of the sacrum and the edge of the os uteri. As the pains were not severe, I did not do anything; but I gave her to understand that I might require to give her chloroform, which at 4 P.M. I administered, in order that I might examine the parts thoroughly. Having done so, I came to the conclusion that the child could not be brought into the world by the natural channel; and having consulted with Messrs. Patrick and Mathie, we arranged to meet as soon as the labour pains became severe. At 8 P.M. I called again, and found that she had been sick after the chloroform, but from this she had quite recovered, and was sitting at the tea-table easy and comfortable, the pains having entirely left her. She told me that her full time would not arrive until that day week (the 9th), and that I need not trouble calling so often until she should really require me. I then explained that I was very anxious

about her; that something very serious would have to be done, and recommended her to go to the hospital. This, however, she declined. I then explained more fully to her sister the great danger attending the operation.

Oct. 3rd.—Has had a good night; no pains; and this morning has eaten a hearty breakfast. As her bowels had not been opened since yesterday morning, I directed her to take a little castor oil at bedtime.

4th.—At 1 P.M. I was sent for, and found her very uneasy, but labour did not seem at all severe. Her bowels had acted freely about two hours previously. She requested me to do whatever was necessary at once, no matter what the consequences might be. I again explained the danger, and again advised the hospital; but, as before, she declined, having determined to die at home, if die she must. I then administered thirty drops of muriate of morphia solution, and left her, telling her that at 5 P.M. I would return with two medical friends, when we would do for her all that could be done. At 3 P.M. I looked in and found her quiet. At 5 P.M. I met at the house of the patient Messrs. Patrick and Mathie, together with two senior students, Messrs. Meighan and Millar. Chloroform having been administered, a most careful examination was made, and our unanimous opinion was that our only chance lay in Cæsarean section. I may here mention that Mr. Patrick brought away on the point of his finger what appeared to be a hard scab, apparently from an old ulcer; and there was a discharge of dirty, bilious-looking matter, having the smell of decomposition. Abdominal examination revealed the position of the fœtus in the womb. The head lay in the right iliac fossa, the face looking upwards and being placed on the chest. The right shoulder occupied the centre of the abdomen, and the placental sound was posterior to this. Mr. Meighan gave chloroform, Mr. Mathie took charge of the pulse, and Messrs. Patrick and Millar assisted me in the operation. I opened the abdomen by an incision a little to the right of the linea alba, beginning an inch above the umbilicus, and reaching down to the pubes; in all the wound was about seven inches in length, and so far there was little or no bleeding. The uterus being thus exposed, I made an opening into it about five inches long, just over the right shoulder of the child. This incision at its lower part interfered somewhat with the placenta, and we had a little hæmorrhage; but by the assistance of Mr. Patrick we speedily got the right arm and head and body of the child, together with the placenta, all away at once. The child was alive, but was very weakly, and it has since then died. The placenta was of an abnormally dark colour, and the membranes were in a state of decomposition. The uterus was loose and flabby, and to assist its contraction I gathered it up in my hand and compressed it, but on being let alone it again became relaxed. As there was some bleeding from the edges of the uterine wound, we put in four carbolised catgut sutures, after which the bleeding seemed to stop; so we cleared the clotted blood out of the abdomen, and brought the external incision together with metallic stitches. We had barely finished, however, when we found that a considerable quantity of blood had accumulated in the abdomen, and we were under the necessity of reopening it, when we found the uterus nearly as large as when it contained the fœtus, and blood was oozing from the uterine wound. We compressed with cold-water sponges, but with little or no effect; so we were obliged to put in twelve carbolised sutures, which controlled the hæmorrhage to a very great extent, but not altogether I fear. We also introduced into the uterus through the vagina a half-inch drainage-tube, to give free vent to any discharge; and then brought the external wound together again, and applied carbolic-oil dressings, and a firm flannel bandage, and removed our patient into bed. On recovering from the effects of the chloroform, her pulse was 110, and had a thready feel; was slightly sick. At 10 P.M. the pulse was 120. Had got some brandy and beef-tea, which I directed to be given every hour. She fancied she would go to sleep.

5th.—7.30 A.M.: Pulse 130. Said she had slept, had been comparatively easy, and on the whole had passed a good night.—9 A.M.: Summoned hurriedly, and found the patient dead. She had spoken to her sister shortly before, and had directed her to prepare some tea. Immediately afterwards her sister observed a change, and shortly after she expired.

From the extreme distortion of the pelvis, there could not, in this case, be any difference of opinion as to the necessity of the dreadful operation which it was my melancholy duty to perform. Considering the extremely small number of cases which, in this country, have recovered after undergoing this operation, neither I myself, nor those who so kindly assisted me, were at all sanguine of success; and any hope we might have had was speedily quashed by the obstinacy of the womb in refusing to contract. Indeed, in this particular, our case differed from almost every other such case that has at any time been reported. As a rule, the womb contracts at once, and with great force,—often so quickly and powerfully that the head is with difficulty extracted through the wound in the uterus. In this case, in spite of all our efforts, the womb would not permanently contract; and the utmost we could accomplish was by means of the twelve catgut sutures to prevent the blood from finding its way into the cavity of the abdomen, and it is doubtful whether even in this particular we were successful. Although the patient was in a very feeble state, still the immediate cause of death could hardly be mere exhaustion; more probably it was due to embolism of one of the great vessels connected with the right side of the heart, sudden death from this cause being by no means uncommon after considerable hæmorrhage.

Glasgow, November, 1869.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, FEB. 11TH.

MR. PAGET, PRESIDENT, IN THE CHAIR.

DR. GEE communicated a paper by Mr. Arthur Andrews upon a case of Scarlet Fever intercurrent during Nephritis. The patient was a healthy young man, who had incurred acute nephritis from exposure. For eleven days his urine was scanty—reduced to twelve or fourteen ounces in the twenty-four hours—and highly albuminous. It then became suddenly more copious and less albuminous, and the quantity of albumen then daily lessened, till, on the forty-third day, there was only a trace. Next day scarlet fever set in; the urine immediately became almost black from the presence of blood, and highly albuminous—characters which gradually gave place to those which it presented before the visit of the fever. On the fourteenth day the albumen, which had disappeared for five days, returned, and gradually increased day by day till the quantity was considerable. On the eighty-fifth day from the onset of the nephritis, and the forty-second day from the beginning of the scarlatina, the urine was still moderately albuminous. The points of interest were: the sudden and abundant hæmorrhage on the occurrence of scarlatina; the rapid diminution of the hæmaturia until, on the ninth day of the fever, the urine was not albuminous; the recurrence of the albuminuria at the period when the urine of uncomplicated scarlatina becomes albuminous for the first time, and its continuance from this period. The hæmaturia resembled remarkably what is called paroxysmal hæmaturia, so far as its intensity, onset, and cessation were concerned.

Dr. GREENHOW objected to the term "paroxysmal hæmaturia" being used in this case. That disorder had certain definite characteristics—the presence of oxaluria especially, and the absence of blood-corpuscles.

A case of Angina Pectoris, by Dr. LAUDER BRUNTON, was communicated by Dr. BURDON SANDERSON, in the absence of the author. The patient, a man of twenty-six, was under observation in the clinical wards of the Edinburgh Infirmary during a period of four months, during which he was under the care of Professor Bennett. He had had seven attacks of acute rheumatism, and had suffered from symptoms of disease of the heart for several months. When admitted he presented the physical signs of aortic obstruction and regurgitation, with hypertrophy of the left ventricle, and suffered during the whole of the time he was in hospital from severe paroxysms of præcordial agony, the pain extending from the chest to the right side of the neck and right arm. These attacks occurred mostly during the night, each lasting one or two hours; they were not relieved by aconite, digitalis, or by stimulants, but the patient

was considerably benefited by small bleedings. During an attack of acute rheumatism the pain entirely disappeared. Six weeks after admission the treatment by inhalation of nitrite of amyl was commenced, only a few drops being employed at a time. The pain was relieved, or rather ceased, immediately that the characteristic symptoms of the physiological action of the drug manifested themselves—i.e., the flushing of the countenance and the amplification of the pulse. On many occasions the effect of the remedy was observed with the aid of the sphygmograph. The tracings show (1) that the arterial expansion is much diminished, and the arterial tension correspondingly increased, during the paroxysm of angina, the smallness of the pulse being due to its hardness; and (2) that under the influence of nitrite of amyl the arterial tension is diminished, and the expansive movement increased by the direct influence of the compound in relaxing the muscular walls of the arteries. From these results Dr. Brunton concludes that it is of great value as a means of affording immediate relief in all those cases in which pain is due to arterial spasm. Before communicating the case, Dr. Sanderson gave a short account of certain physiological researches as to nitrite of amyl lately made by the author in Professor Ludwig's laboratory, which have just been published in the *Leipzig Transactions*. The purpose of these researches is to determine the action of nitrite of amyl on the circulation by exact experiments on animals. Rabbits were employed for the purpose. The results of the inhalation were recorded in each instance on the cylinder of the kymographion. They show (1) that the effect of the drug is to diminish the arterial pressure; (2) that this diminution occurs as distinctly in animals in which the vaso-motor nerves have been paralysed by section of the spinal cord in the cervical region as in the natural condition; (3) that nitrite of amyl does not diminish the work done by the heart in a given time, although it increases the frequency of its contractions; and, consequently, (4) that the nitrite does not exercise its influence on the nervous system, but on the contractile walls of the bloodvessels, diminishing the arterial pressure by diminishing the resistance to the circulation. A question of great importance still remains to be determined experimentally—that of the action of the drug on other involuntary muscular fibres, as, e.g., those of the intestine. If it acts in the same way on them as on those of the vessels, it is likely to turn out as valuable for the relief of multitudinous pains which depend on intestinal spasm as for those of angina.

DR. SANDERSON also exhibited sphygmographic tracings showing the effect of nitrite of amyl on the normal pulse.

DR. ANSTIE communicated a case of Angina Pectoris relieved by Nitrite of Amyl. The patient was a gentleman aged about fifty, of a highly nervous temperament, a sufferer for the last twenty years from spasmodic asthma, and very liable to facial neuralgia. Between four and five years since he began to suffer from severe and frequently recurring attacks of angina pectoris, and his life was for a long time in much danger. By the use of sulphuric ether in large doses, and of considerable quantities of alcoholic stimulants, the attacks were diminished in frequency and violence; but they have never ceased to recur at intervals whenever the patient was much fatigued or excited in the course of his professional work. In December last it was determined to try the nitrite of amyl, and on the recurrence of the next anginal spasm the sufferer took one long and powerful inspiration through one nostril from a half-ounce bottle of the drug. After a pause of a few seconds, the characteristic flushing of the face and sense of fulness in the head were induced, and the patient instantly passed from agony into a state of perfectly calm repose. The experiment has been several times repeated on the recurrence of the heart-pang, and always with complete success; and the result has been most fortunate, as the patient has been able to entirely dispense with the disagreeable necessity of taking large and frequent doses of ether, and also greatly to reduce his allowance of stimulants. There has also been much less trouble than formerly from asthma, and he has obtained far more natural sleep at nights. The angina, although very severe, appears to be purely neurotic; no cardiac change, or at most a small amount of dilatation, can be discovered by the most minute physical examination. From some further observations, Dr. Anstie believes that amyl is a relaxer of spasm in all involuntary muscular fibre, and that it would be particularly useful in colicky affections. He would not, however, advise its use by aged persons or others who might be likely to have commencing degeneration of the minute vessels of the brain, for fear of apoplectic accidents.

DR. FARQUHAR said that he had twice applied the nitrite of amyl in Calcutta, with good effect. The first case was that of a merchant, who would be attacked by periodic colic which had been supposed to be malarious. Bromide of potassium did good, but the nitrite was much more useful, a single sniff relieving the patient instantly. In a somewhat similar case he had found the remedy equally advantageous.

DR. DOUGLAS POWELL found difficulty in understanding how it was that Dr. Sanderson appeared to blame the vaso-motor nerve system in producing the attacks, and yet said that the nitrite of amyl had no effect upon that system.

DR. SILVER thought it quite possible that the depressor nerve in connexion with the pneumogastric might produce the paroxysms described, and be influenced by the amyl. He had found atropine very useful in such cases.

DR. ANSTIE said that his patient had been rebellious to all ordinary sedatives, and strychnine had been found inadmissible, as it excited him. Sulphuric ether, taken by the mouth, had given relief; but amyl produced much more effect, and was free from the objections belonging to ether.

DR. SIMS doubted whether the nitrite of amyl was superior to a mixture of ether and chloroform, which he had seen remarkably useful in a case of hay asthma.

DR. ANSTIE said he hated "mixtures," and failed to see the advantage of combining a number of drugs when we knew so little of the action of each. He thought it, besides, no small advantage to be able to administer a drug by inhalation, as remedies of the class required in these cases were very apt to upset digestion.

DR. SANDERSON remarked, in reply, that not every kind of heart-pain is angina pectoris, which is an affection with distinct symptoms,—blanching of the surface amongst them. He did not believe that angina could depend upon the depressor nerve, whose action is of reflex character, and depends upon the entirety of the medulla oblongata. He explained that in an animal whose cord had been divided high up, the existing depression of arterial tension is still further increased by the administration of nitrite of amyl, which proved, according to his judgment, that the drug did not act through the vaso-motor system.

After some remarks by Dr. BAUMLER,

MR. PAGET described the case of a lady who had suffered from Ichthyosis of the Tongue for a year when she consulted him. The patches occupied the papillæ, and showed no indications of cancer. Four months afterwards, however, they became thickened and indurated, and soon presented appearances of well-marked ulcerated epithelial cancer. There was hereditary cancerous tendency in the family.

DR. SIMS made some remarks upon the connexion of ichthyosis with psoriasis; and

MR. HULKE, to whose case reference had been made, said that his patient was not of gouty or strumous diathesis.

GENERAL COUNCIL
OF
MEDICAL EDUCATION AND REGISTRATION.

Session 1870.

ROYAL COLLEGE OF PHYSICIANS.

FRIDAY, FEBRUARY 25TH.

THE Council met to-day at 1 o'clock, the President, Dr. PAGET, in the chair.

THE PRESIDENT stated that he had not been able to obtain from the Lord President of the Privy Council a copy of Sir John Gray's Bill, as it had not yet been printed. The Council then proceeded to take into consideration the letter of the Lord President of the Privy Council.

DR. PARKES, in moving the resolution of which he had given notice, referred to the eighth paragraph of the Lord President's communication, which invited the attention of the Council to the subject of a consolidated board. In order, he said, that that very important paragraph might be answered, it was necessary that the Council should express its opinion upon the proposal made by the Education Committee

last year—that a joint examining board should be formed in each division of the kingdom. That proposal was a unanimous one on the part of the eleven members of the Committee; and it was, therefore, to be presumed that they were fully satisfied as to the necessity of the measure. It now became necessary to give the reasons why the proposal might be carried out; and he was prepared to state the reasons that satisfied his own mind, and he believed the minds of the other members of the Committee. The present system of granting licences under the Act of 1858 appeared to be wrong in four points. First, it was wrong in respect of inequality of examination throughout the United Kingdom, although there was a reciprocity of privilege; secondly, there was a competition which might be, and he believed was, generally, if not at present, injurious; thirdly, inefficient men occasionally entered the profession; and, fourthly, under the present system that regulation of examinations by means of which the teaching and medical education of the country could be supervised and regulated was impossible. With regard to the first point—inequality of examination—he would say very little, because anyone who referred to the reports that had been made on the visitation of examinations would be satisfied on that head. The different licensing bodies varied very considerably with regard to the nature of their examinations; and though a great deal had been done to lessen the diversity by means of the visitations and the regulations of the Medical Council, considerable differences still existed. Moreover, the standard by which men were admitted into the profession by those different bodies varied from year to year. It would be seen from the particulars given to the Council by Dr. Embleton, that the percentage of rejections from the same licensing bodies varied greatly. In the case of one body, the rejections were shown to be in one year two or three per cent., and in a year or two afterwards nine or ten per cent. With regard to the second point—the competition between the licensing bodies—he had facts to bring forward which he hoped would be capable of explanation. He did not see how they were to be explained except in one way, but he should be sincerely rejoiced to have his statements on that subject refuted. He derived his information partly from personal observation, and partly from a consideration of the returns published by Dr. Embleton's committee, which he assumed to be correct. The Council was aware that he (Dr. Parkes) had been many years an examiner of candidates for the public services. During the last few years he had been struck with the fact that many of the candidates who presented themselves were educated in one division of the country, and obtained their licences in another. To be more precise, he found that Englishmen educated in London or in provincial towns, and that Irishmen educated in Dublin, Belfast, or Cork, received their licences from the College of Physicians or the College of Surgeons in Edinburgh. During the years 1868 and 1869, and the first examination of 1870, 200 candidates, who had been educated in Ireland, had appeared before the board, 36 of whom, or 18 per cent., had graduated wholly or partly in Scotland, and chiefly at the Edinburgh colleges. The proportion of Englishmen graduating in Scotland was 13½ per cent. Of course he was unable to state the proportion of students or candidates generally who had acted in that way; his figures only related to those who presented themselves from year to year to the public services. He had been anxious to inquire into the cause which led so many persons to incur the trouble and expense of a journey to Edinburgh in order to obtain their licences. The answers to his inquiries had been very various. In some cases it had been a simple matter of convenience, the Edinburgh colleges giving their licences at a period of the year more convenient to the candidates. In one instance a gentleman, who passed his first examination in the Queen's University in Ireland, went to one of the colleges in Edinburgh, and then returned to the Queen's University to complete his degree. In other cases—a small minority he confessed—the candidates had declared that they went to Edinburgh because the examination was easier. In some instances also the inducement appeared to have been that the examinations were somewhat cheaper. The cost at the Royal College of Surgeons in Ireland was twenty-six guineas, and at the King and Queen's College of Physicians fifteen guineas, whereas the conjoint licence of the two colleges in Edinburgh could be obtained for £16; and some of the candidates had said to him, "Why, Sir, we can go to Scotland, and see Edinburgh, obtain a licence, and come back to Ireland again, for the same money that we pay at the Irish colleges." In other cases, the reasons given by the candidates assumed a somewhat poetical character. There appeared to be a great wish on the part of Irishmen to see Edinburgh, a great attachment to the Scotch, and a desire to possess Scotch diplomas; indeed, some appeared to think that an Irishman educated in his own country, and licensed in Scotland, was as near perfection as a gentleman could be (laughter). At the last examination which took place, only the other day, there were twenty-two Irishmen, of whom six graduated in Edinburgh. Now, in the returns made by Dr. Embleton's committee, there were two headings, one for candidates passed, and the other for candidates rejected, and he took the numbers under those two headings in order to ascertain the total number of applicants. Some of them, of course, might have been applicants a second time, but that would not interfere with the accuracy of the results. An examination of the numbers showed that two English bodies and one Irish were being subjected to their serious competition. He would first allude to the Society of Apothecaries. Up to the year 1858, that Society was the only body that could really grant a licence in England to the general practitioner; since that time other bodies had licensed for England and other parts of the United Kingdom. And it should be borne in mind that the number of medical students seeking licences had not diminished during the last half year in England; on the contrary, it had somewhat increased. In the year 1862 there were 340 applicants for the licence of the Society of Apothecaries; in 1863, the number was 313; in 1864, 296; in 1865, 286; in 1866, 243; in 1867, 284; in 1868, 223. Taking these numbers as correct, it would be seen that there were 117 fewer applicants in 1868 than in 1862. On ascertaining these numbers, he applied to Mr. Cooper to get the numbers direct from the Society of Apothecaries, and he was unable to reconcile the two documents. Mr. Cooper's return showed a diminution, but to a smaller extent, the number of applicants being 312 in 1862, and 261 in 1868, showing a decrease of 51. The two documents, however, were not exactly comparable, because one represented all the certificates, and the other all the applicants. Not being able to account for the diminution in the numbers, he turned first of all to the numbers of applicants to the College of Physicians, thinking that in all probability they might explain why fewer licences had been applied for to the Society of Apothecaries. The numbers, however, at the College of Physicians had increased but very slightly, and they threw no light upon the subject. Turning to the other bodies, he found that the College of Physicians in Edinburgh had during the last few years wonderfully increased the number of its licences. In 1863 the number of applicants (as shown in the returns of passed and rejected candidates) was 160; in 1864, 248; in 1865, 261; in 1866, 271; in 1867, 292; and in 1868, 406. Of course he could not tell, nor could anyone, whether the men who were lost from the Society of Apothecaries went up to the College of Physicians at Edinburgh, but this was certain, that there was no other body that appeared to have increased its numbers to a sufficient extent to account for the diminution in question. It appeared also that the College of Surgeons of England was beginning to suffer, though not to such an extent as the Society of Apothecaries. In 1862, the numbers were 531; in 1863, 538; in 1864, 488; in 1865, 423; in 1866, 420; in 1867, 405; and in 1868, 404; showing a diminution during those few years of 127 candidates. Where had those gentlemen gone? As far as he could see, they must have gone to Edinburgh. With regard to the College of Surgeons at Edinburgh, the number of candidates passed and rejected in 1863 was 132; in 1864, 167; in 1865, 155; in 1866, 158; in 1867, 184; in 1688, 153. With regard to the Faculty of Physicians and Surgeons in Glasgow the numbers did not appear to have increased. In 1862 the number was 78; in 1863, 101; in 1864, 125; in 1865, 96; in 1866, 74; in 1867, 93; in 1868, 87. It appeared, also, that the Royal College of Surgeons in Ireland was suffering. In 1862, the number of applicants was 149; in 1863, 174; in 1864, 131; in 1865, 115; in 1866, 106; in in 1867, 101; in 1868, 116. Taking the first three years, the mean number of applicants was 142; and in the last three years 109. He was glad to say that the King and Queen's College of Physicians in Ireland held its own; in-

deed, there was a slight increase in the number of its licences. The cause of that increase he was not able to explain. (A laugh.)

Sir D. CORRIGAN.—Would you be kind enough to give the numbers for 1862 and 1868?

Dr. PARKES.—In 1862 the number was 52; and in 1868, 112. He assumed that the diminution in the Society of Apothecaries and the Royal College of Surgeons in England and in Ireland was owing chiefly to the Edinburgh Colleges. Of course he could not prove that statement, but he saw no other way of explaining the diminution. If he was right in his assumption, the Council ought to consider the cause of the displacement. At first he thought the reason might be that some gentlemen might prefer the licence of a College of Physicians to that of the Society of Apothecaries. He felt very little sympathy with such a feeling, but he thought it might possibly exist. If, however, that was the explanation, how was it that the English students did not go to the College of Physicians of London? It might be said that the licences in Edinburgh were cheaper; but that would not account for it, because the licence of the Society of Apothecaries was cheaper still—six guineas for the country and twelve guineas for London. Among Englishmen, a not inconsiderable number went to the Royal College of Surgeons for a surgical licence and to Edinburgh for their medical licence. Was this because the Edinburgh examinations were easier? Here, again, it was extremely difficult to bring forward any proof. He hoped that the Scotch bodies would be able to show that that was not the real cause, and it was only fair to say that the visitors of the Branch Council of Scotland had reported favourably of their examinations. Mr. Syme, for instance, stated—"On the whole, I feel warranted in stating that the examinations are in every respect worthy of the two bodies on whose part they have been established." And a subsequent report stated—"These examinations were sufficiently extensive, varied, and searching, yet not unduly difficult." (Laughter.) Mr. Syme also reported, with regard to the College of Physicians, that its system of examination was "in every respect highly creditable to the College." He therefore felt that he had no *locus standi* when he said that the examinations were easier. At the same time, he did not see how such a displacement could be explained, except in one of two ways: either the Society of Apothecaries had its examination too rigorous and searching, and therefore unnecessarily deterrent; or the College of Physicians of Edinburgh had its examination too low, and therefore improperly attractive. It had been stated by the Royal College of Surgeons in Ireland that candidates rejected by one examining board had gone to and been immediately passed by another. He did not, however, think that this could apply to the Edinburgh College, because they did not admit anyone within three months after he had been rejected by another examining body. But if such thing did take place with any of the licensing bodies (and a friend had informed him that he knew it to be the case), the Council ought seriously to take the subject into consideration. The Act of 1858, though admirable in securing a reciprocity of licence, was defective, inasmuch as it did not ensure an equality of examinations. What must be the consequence of the present state of things, if his facts and figures were correct? The bodies to which he had referred must do one of three things: the first alternative was to submit to gradual extinction, for the time would come when the fees would be less than the expenses attending the examination; the second was to lower the standard of examination, and no effort of the Council could prevent their doing it; and the third was to call for a modification of the Act of 1858; the call for a repeal of the union would then come from England. There was no disguising the fact that a wrong course had been taken under the Act of 1858, and some alteration was absolutely necessary. The third point which he had mentioned was the passing into the profession of men who were imperfectly educated. Some remarks were made yesterday reflecting on the examiners for the public services, who, it was said, were not the proper supervisors of the examinations of the corporations. But had they ever assumed such an office? They had done their own work, and nothing else. It was the Medical Council who had called for their returns, and made them a test of the examinations of the corporations. For himself, during the time he had sat at the Council, he had only once referred to the examinations of a licensing body, and that was when two members, for whom he had the highest respect (Dr. Christison and Mr. Syme), attempted to make the Council the instrument for doing away with honest and fair competition for admission to the public services, and returning to the rotten system of patronage. He then offered to prove by evidence that some of the corporations were admitting men improperly into the profession. That observation was made in 1864. The President had drawn attention to the fact that the percentage of rejections by the examining boards for the public services was diminishing, and he was quite correct in his statement. It had been said that only bad men presented themselves to those boards; but he believed that the candidates were above the average. When a man wanted to offer himself to one of the public services, he went to a tutor or a grinder; and if he stood but little chance of success, he was often recommended to wait. In that way a considerable number of indifferent candidates were eliminated. The men who had presented themselves during the last six years showed a considerable advance in regard to elementary education; and there were no longer those instances of bad spelling and composition which made one wonder how the candidates could possibly have been admitted into a profession calling itself learned. He believed that the action of the Council, with respect to preliminary education, had been most serviceable, and also in regard to professional education; but he wished the Council to understand that the evil was not eradicated, and could not be under the present system: that men were still admitted into the profession who were not properly qualified. At the last examination there were three candidates so ignorant that he could not conceive how they had been permitted to pass. Rather than admit such men, he would leave the soldiers and sailors without doctors at all. Some arrangement should certainly be made which would render the admission of persons of that class absolutely impossible. With regard to the fourth point, if the Council was to regulate medical education, it must be chiefly through the examinations; but it would be impossible sufficiently to regulate these so long as the various licensing bodies continued as at present. Some consolidation was essential; and the next point to be considered was how that consolidation should take place. There were two opinions expressed out of doors with regard to the proposition. One of these might be found in the reports from the various Scotch bodies by whom the formation of a conjoint board was unequivocally condemned as a proceeding bad in its origin, and certain to be disastrous in its results,—as subversive, anarchical, and revolutionary. Others regarded the proposition as merely a means of saving the corporations; as, in fact, a make-believe, or, to use a military phrase, a change of front. He thought it could be shown that neither of those opinions was correct. The proposition was neither revolutionary nor anarchical, but was eminently conservative; and, so far from being a make-believe, it was an organic change of a most important kind. What was required in a board for the three kingdoms? (He did not enter into the question of a single board for the entire kingdom, as he thought such a body would be unwieldy.) The first thing wanted was a simplification of the present system. They did not want to add another examination to the many already in existence. The proposal which had been made to add to the various examinations an examination by a Government body was, he thought, faulty in every respect. It was complicated, and it gave no certainty that there would be good examiners. A Government examining board would be the worst thing they could have. With the present Government they might be certain to get good examiners; but in England it was well known that political and private considerations often acted upon such appointments, and it was impossible to insure that the examiners would continue from year to year to be chosen on good grounds. Such a method would be only a modification of the German system, under the influence of which the University degrees were being gradually lowered and subordinated to the State examination. This was most undesirable. It was important to bring up to the highest point the various degrees of the Universities and the other licensing bodies. The Medical Council, he thought, would be doing very wrong if it did not support the medical corporations to the utmost of its power. Although he might have appeared to be a little hard upon some of those bodies, he did not desire that they

should be in any way damaged. Such a result would be one of the worst things that could happen. Take the case of the College of Surgeons of England, entering, as it now was, upon a liberal course, and possessing, as it did, appliances for teaching science to its students: could anything that injured that body be other than a positive injury to the profession? So with the College of Physicians, which was bringing into its fold all the best members of the profession; and so, doubtless, with the colleges in Scotland and Ireland. Why should they be injured? Had they done wrong? If they had, was it not in consequence of the imperfections to which they were all subject? and had they not of late years tried in every possible way to do what was right? If, then, they did not desire to injure the colleges, they must not supersede them by another board. Hence he came to the conclusion that there must be a consolidation of those various bodies. The next point was, that they should insure good examiners, and that object, he believed, could be attained in no other way than by attaching the examiners to those great corporations which included all the teachers, old and young, and included the most eminent members of the profession. Who, for example, would be the most competent body to appoint an examiner in surgery for England? Could there be any doubt that the Royal College of Surgeons would be the best, under proper regulations? And who would deny that the College of Physicians would be the best body, under proper regulations, to appoint an examiner in medicine? He would be chosen by the full College, by all the Fellows, and under the influence of public opinion within and without. The same might be said of the other corporations. As to the mode of carrying out the consolidation, it was proposed in the original draft of the committee to carry out completely in England and Ireland what had been done in Scotland by a union of certain bodies; but in committee it was suggested that all the bodies in Schedule A should be included. His own opinion had been favourable to that course. He had thought there would be a great difficulty in dealing with the universities; but events had shown that he was mistaken, and he thought that the introduction of the university element was a matter of the greatest importance. It was already known in England that the universities were willing to concur in the scheme, and their co-operation would prove most serviceable. In Scotland and Ireland, also, an alliance between the universities and corporations would be in the highest degree useful. Was there any practical difficulty in effecting such an alliance? He thought he could show that there was not; but he feared that he had already trespassed too long upon the time of the Council. ("No, no.") There were other members who had considered the question very largely, and he would leave to them the farther discussion of the details, merely contenting himself with recapitulating the principles upon which the examining boards ought, in the opinion of the Educational Committee, to be formed. There should be a simplification of the present system; perfectly efficient examiners should be appointed, and there should be a certainty that the appointment of good examiners would be continued. The nature of the details would be fixed after a full consideration. If such boards should be appointed, a greater improvement would be effected in medical education than had been made for a very long time; and the Council would have good reason to congratulate itself upon the results. He hoped the members of the Council would approach the subject in a comprehensive spirit of inquiry. Those who thought the universities might to some extent be injured, and who believed that their present mode of teaching and examination was good, and therefore that no change was needed, should look upon the present scheme as a whole; and he hoped they would take into careful consideration the facts he had brought forward with regard to the emigration of medical men from one part of the kingdom to another, and then say whether they could not reconcile the interests of their universities with the public good. If they could not, the public good must be cared for first, and the interests of the universities must be sacrificed. It was of the utmost importance that the Council should go right in this matter. He would be happy to take into consideration anything that might be offered to explain away what he had brought forward, or to show that his inferences were incorrect. Dr. Parkes concluded by moving the following resolution:—"That, full liberty being left to the universities and corporations to deal as they please with their honorary distinctions and degrees, an examining board should be formed in each of the three divisions of the kingdom, and that every person who desires to register any of the qualifications recognised in Schedule A of the Medical Act shall be required, previously to such registration, to appear before one of these boards and be examined on such subjects as may be required by the Medical Council. Any distinctions or degrees he may wish to take, to be in addition and optional."

Dr. STORRAR seconded the motion, reserving to himself the right to speak at a future period.

Mr. CÆSAR HAWKINS said it was thought by some that it was intended a new board should be created which would give a licence to practise and to register. But that was not the intention of the proposal. The words were, "every person who *desires* to register any of the qualifications recognised in Schedule A." No one was to register except under one of the qualifications now existing; it was not intended to interfere with any of them as they now stand. The examination was only necessary as a preceding circumstance. No one could take his degree, or at least register it, until he had passed the examination. The great point of difference was that everyone must go through the first examination, and then he might register any qualification that he might obtain before or after that examination. A great difficulty had been experienced in improving the examinations and the curriculum of the licensing bodies, and in rendering them uniform. Hereafter the Medical Council would have nothing to do with that matter, and the numerous long conversations and bickerings that had hitherto taken place would be avoided; and they would only have three boards to deal with, before which all candidates would have to come, instead of having nineteen boards giving all sorts of degrees and diplomas. It would be comparatively easy to deal with three boards, while it was a difficult matter to deal with nineteen. Many years ago, the body to which he belonged established a rule that all the candidates should be examined in anatomy on the dead subject. To enforce such a regulation on a small number of boards would be an easy matter. But where there was a large number of examining boards the difficulty might be considerable. It would be seen by the returns of the visitations of the different bodies in the last three volumes of the Minutes that very few possessed such a mode of examination. It would hardly be possible to represent those bodies to the Privy Council, on the ground of their not examining according to such a regulation. But there would be comparatively little difficulty in the matter if there was only one board for each division of the kingdom, because it would be easy to compel them to do whatever was really required. In this way the operations of the Council would be greatly facilitated, and they would have very different boards of examiners from those which they now possessed. He had long felt and expressed a desire that the Board of Examiners of the College of Surgeons should be very differently constituted from what it was at the present time. Every member of the board was called upon to examine in anatomy and surgery. But it was well known that very good anatomists might be inefficient examiners in surgery, and *vice versâ*. With a smaller number of examining boards a better opportunity would be afforded for selecting the very best men for each subject. No body would be so competent to nominate examiners in medicine as the College of Physicians. He believed there had been a very good selection hitherto by that College, but facilities would be afforded for a still better choice under the proposed scheme. The adoption of that method would get rid of a great deal of obloquy that had been thrown upon the Council with reference to the different bodies, and would obviate the necessity for the protracted discussions that had formerly taken place. On all these grounds, he thought the Council ought to adopt the motion proposed by Dr. Parkes. The various Scotch bodies had drawn attention to the consolidation that had been effected among them, suggesting that the same course should be adopted in England and Ireland. There were difficulties in the way of such a course. In the first place, it would be necessary to apply for parliamentary powers for the purpose. Moreover, he thought the union had not worked quite satisfactorily to the rest of the community, whatever the Scotch people might say. It was considered that the

joint examination of the College of Physicians of Edinburgh and the College of Surgeons of Edinburgh, and the joint examination of the College of Physicians of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow, would supersede any of the single examinations. That was the intention, but what had been the result? In 1867 the College of Surgeons of Edinburgh gave 47 separate diplomas, and the College of Physicians of Edinburgh 139; while the number of joint examinations was only 101. The number of the joint examinations had gone on diminishing, in 1868 the number being only 40. The number of single diplomas granted by the College of Physicians in 1867 was 139, and in 1869 the number was 218. So that, instead of the joint examination superseding the single examinations, the latter had increased while the former had decreased in numbers. The result was similar with regard to the Faculty of Glasgow. In 1867 they granted 28 single diplomas; in 1868, 36; the numbers passing the joint examination being 29 in 1867, and 18 in 1868.

Dr. FLEMING.—Look at the number of rejections.

Mr. CÆSAR HAWKINS said he was only speaking of the number of diplomas. The number of rejections could not alter the proportion of single and double diplomas to which he had been referring. He was afraid from past experience that a voluntary double examination would be attended with much difficulty.

Dr. ANDREW WOOD said he did not intend to enter at length into any personal matters; but he would say a few words with regard to the College of Surgeons of Edinburgh. He did not know how Dr. Parkes had obtained the figures which he had laid before the Council; but he had telegraphed to Edinburgh for a table he had prepared about a month ago, from which he believed he should be able to show the Council that, instead of making money and increasing their diplomas, in consequence of what had been done, they had fallen off both in the number of diplomas and in the amount of money they received. In regard to the great question before the Council, he found himself in a somewhat difficult position. As soon as he came to London to ascertain how things stood, he found that Dr. Parkes's proposal was very different from that which had been aired in the medical journals, and which, if carried out, would have made a complete revolution in the country, and destroyed every corporation and university—at all events in Scotland. He had made a sort of *résumé* of the various plans that had been propounded. The first was that of a Government board, like the *Staats Examen* of Germany—a scheme by which all the colleges and universities would grant licences as at present; but, before registration, all candidates would have to pass the Government examiners. That proposal would certainly be objected to, because it would imply that the licensing bodies were not to be trusted, since they required the check of a Government examination. The second plan was that of a joint board, suggested by Dr. Parkes. By this scheme it was proposed that everyone who passed the joint board of examiners should attach himself either to a college or to a university. That was the plan that was contained in Mr. Headlam's first Bill; and it was a plan to which he believed all the corporations agreed. In regard to the present Bill, on which the corporations had been so much twitted, he had no hesitation in saying that it was a compromise which was agreed to, not in consequence of the views of any of the corporations, but in spite of the corporations.

Dr. STORRAR.—And the universities.

Dr. ANDREW WOOD.—The Scotch bodies consented to it reluctantly. The next plan was that of a joint peripatetic board to examine at the various colleges and universities at the option of the student. That was a plan he believed which Dr. Fleming would propound before the day was over. Another plan was to have a conjoint examination by the different corporations, as at present established in Scotland, the universities being left to themselves. That was a plan to which he could not agree. The next was the conjoint examination by the corporations and the universities combining amongst themselves. There were to be two different classes of boards; a conjoint board for the corporations, which would give a minimum licence; and a conjoint board for the universities, which would give a licence to practise. When the corporations in Scotland came to consider the subject, they had nothing whatever before them but what they saw recorded in the journals, which appeared to be an attempt to supersede all the corporations. They had not before them the letter of the Lord President of the Privy Council. The members of the Council were placed in a somewhat awkward position, for that letter was sent to them privately, with strict injunctions that they were to show it to no one; so that they had no opportunity of consulting the corporations as to what they should do in consequence of the suggestion of the Lord President. He thought, therefore, that there ought not to be levelled at the Scotch bodies such a diatribe as had appeared in some journals, in which they were accused of being obstructives, and unwilling to take into consideration the question of a conjoint board. He could not answer for the board which he represented, but he was prepared, on his return to Scotland, to recommend that body to receive Dr. Parkes's resolution, because it was exactly the resolution to which it agreed many years ago, when it was first introduced in Mr. Headlam's Bill. He did not know whether Dr. Parkes would satisfy the journals; he hardly thought he would. But he believed that the proposition now made would secure the great object they all had in view. Dr. Parkes had by his proposal managed to combine the advantages of a joint board for each of the divisions of the kingdom, with the preservation of the existence and the welfare of the corporations and the universities. Whatever might have been the *laches* of the universities in past times, they were institutions that were peculiar to Great Britain, and the possession of which was envied by other countries, affording as they did the means of combination among the profession. If they were put down, such a course would be the very reverse of what every other profession and trade in the country was adopting—namely, uniting themselves together to preserve their rights, privileges, and independence. There could not dawn upon Great Britain, or upon the medical profession, a day more disastrous than that which should involve in one common ruin the corporations and universities of this kingdom. But if they could, by means of a combination such as had been suggested by Dr. Parkes, carry out the great object of a combined board with the welfare of the corporations, such a scheme would give satisfaction to the Government, and would probably be taken up by them, and carried through Parliament. With regard to the revolutionary ideas that had been brought forward, he believed whatever support might be given to them by the medical journals, they would find little favour among the members of the Council, or the right-thinking portion of the medical profession.

Dr. BENNETT thought the Council would be glad to receive the information that he could give as to the probable working of a scheme of amalgamation in England. With regard to the excuse that Dr. Andrew Wood had made as to the inaction of the Scotch bodies, he could not help saying that it appeared to him to be an insufficient one. At the breaking up of the last session of the Council a committee was formed, of whom Dr. Parkes was chairman, and the licensing bodies were required by that committee to give their opinion upon several distinct points, among which was the formation of a conjoint examining board. With regard to the Royal College of Physicians and the Royal College of Surgeons in London, no sooner had the resolutions been sent to them, than they took them into their serious consideration, and returned a distinct answer with regard to the main point, the desirability of forming a conjoint examining board for England, and similar boards for the other two divisions of the kingdom. They then expressed certain opinions with reference to matters germane to that point, and proceeded to initiate arrangements by which they might associate themselves with the other licensing bodies in the kingdom, with the view of adopting a feasible scheme. They also contemplated that, if they succeeded in such a scheme, they would offer it to the consideration of the Scotch and Irish bodies, and ask their co-operation in carrying it out, as a common scheme for the three divisions of the kingdom. The Royal College of Physicians met, in the first instance, the College of Surgeons, then the Universities, and then the Society of Apothecaries; and they were exceedingly gratified to find how general, on the part of these bodies, was the feeling of concurrence in the formation of a conjoint board. By degrees the difficulties which at first presented themselves seemed to vanish by discussion; and

the result had been that they had succeeded in framing a scheme. He was not in a position to say that he had the consent of all the bodies to that scheme. He regretted that circumstance, for the College of Physicians was anxious that he should be enabled to do so. He was not authorised to lay the scheme before the Council as it at present stood; but he was authorised to mention the general character of the scheme, and to state how far they had succeeded in obtaining the concurrence of the licensing bodies of the country. The conduct of the universities in the matter had been exceedingly creditable to them. They had had to give up a very important point, with regard to which they might very well be expected to stand stoutly upon their dignity. They had acknowledged the extreme importance of such a combined board; and they had agreed to allow their candidates to be compelled to go before that board, prior to receiving their degrees. As to the character of the examinations, and the value of the degrees in the public estimation, they would remain precisely as they were before, and would not be interfered with by the joint board. They simply assented to the proposal, that before their candidates received the degree which they had earned by virtue of their examination by the respective universities, they should be required to produce a proof of having passed the examination of the joint board, having the advantage of a certain amount of university superintendence. It would be submitted to the supervision of the universities as well as of the corporations. With regard to the principles upon which the examiners should be appointed, it was naturally considered that, for the purpose of surgery, the College of Surgeons was the best body to select competent examiners; and it appeared equally clear that the College of Physicians was the best body to select the examiners in medicine. No authoritative communication had been received on the subject from the universities of Oxford and Cambridge; but the representatives of those bodies were present, and he believed they were in a position to state that the proposal would receive the confirmation of their respective universities when it was formally laid before them. With regard to the Apothecaries' Society, certain difficulties had been raised which had not hitherto been overcome. Those difficulties partly depended upon the Act of Parliament, and partly related to the important question of the appointment of examiners in medicine. In justice to the Royal College of Physicians, he could not help saying that the initiative in the matter had been taken by them; and this was only in accordance with the line of conduct they had always manifested towards the Council ever since its establishment. He knew of no body that had carried out more loyally the views of the Council than the Royal College of Physicians; and great credit was due to them for the efforts they had made in bringing other bodies into combination with them, for the like purpose. He could not entertain any reasonable doubt that the scheme of a conjoint board, for each division of the kingdom, would prove to be practicable, if they set about it with hearty good will. No doubt circumstances were different in the respective countries. The difficulties might be greater in Scotland than in England, and the scheme might require some modifications to meet those difficulties; but he could not believe that the difficulties were insuperable; and so convinced was he of the necessity of some such scheme, that he would heartily assent to an intimation being given by the Council to the Government, that they were prepared to exercise any powers that might be given them in carrying out so desirable a proposal; so that if any difficulties occurred in its execution, the Council might be empowered to intervene and decide upon them. It was not necessary to refer to statements that had been made by this or that medical journal. The Council must act irrespectively of what might be said out of doors. What Dr. Parkes had said was sufficient to satisfy any reasonable mind that the existing corporations must have a voice in the selection of examiners. To go elsewhere, when such abundant material was before them, would be nothing less than an absurdity.

Mr. COOPER, in referring to the scheme propounded by the College of Physicians, alluded to what he said was an erroneous statement as regarded the Society of Apothecaries. It was assumed, he said, that that Society only examined in pharmacy and medical botany; the fact being that it examined in every science connected with the practice of medicine, and it could be proved by ample statistics that the examination was searching and complete. It was a fact, however, that many of the students went elsewhere for their licences, and he considered that such a state of things ought not to exist.

Mr. HARGRAVE said he must frankly admit that the College of Surgeons of Ireland had been seriously injured in the way mentioned by Dr. Parkes. Candidates who had been rejected by that body had, in some instances known to himself, been returned in less than a week by other bodies as full-fledged surgeons. A similar result might take place with the conjoint boards for the three divisions of the kingdom, unless there was some understanding that a candidate rejected by one should not be received by another within less than six months after rejection. He thought a student in one division of the country ought not to be permitted to be examined in another division without sending in a memorial to the Council specifying his reasons. Unless some such plan as that were adopted, the whole thing would fall to the ground. There ought also to be equality of fees among the several examining boards.

Dr. ARJOHN wished to ask whether a candidate passing the examination of the joint board could be put upon the Register without receiving the diploma of any public corporation or university.

The PRESIDENT said he understood that no one was to have his name placed upon the Register by virtue of that examination alone.

Dr. ARJOHN said there were some persons who thought it unwise to have three examining boards. The body which he represented strongly desired him to state their opinion that there should be only one board for the three divisions of the kingdom. They believed that such a board would be the only means of obtaining greater efficiency and uniformity of examination.

Dr. PARKES asked how it was proposed that the examiners should be appointed.

Dr. ARJOHN said they had not entered into that question. He himself was decidedly in favour of the appointment of one board for the three divisions of the kingdom.

Dr. HUMPHRY said it was exceedingly satisfactory to find that there was so much unanimity on the important question before the Council. He had had his attention drawn to it for some time past, both in the University of Cambridge and as a member of the Council of the Royal College of Surgeons. And he had served on committees in reference to that question. He was glad to be able to state that the bodies to which he had referred had expressed an unanimous feeling with regard to the propriety of a measure of that kind. It ought to be regarded as an imperial question, and not as one affecting special corporations, or even as affecting any particular division of the kingdom. The scheme proposed was one of reform without spoliation, and they might regard it as affecting the country generally, as affecting the various corporations, and as affecting the students. As regarded the country generally, the present position of affairs was not at all satisfactory. It clearly was not satisfactory that there should be nineteen corporate bodies, each of which had the power of giving licences to practise the medical profession. Of these corporate bodies, the majority were competent to examine only in one subject; and if they examined in others, they must do so by deriving their powers from other bodies. Moreover, the sort of rivalry mentioned by Dr. Parkes, and the fact of students passing from one part of the country to another for the purpose of examination, could not be regarded with satisfaction. The only possible mode in which a real and efficient examination could be obtained was by the appointment of a joint board. With regard to the corporations themselves, the present state of things was by no means dignified or satisfactory. They ought not to be in a position in which it could be said that the examination of one was inferior to that of others, and that candidates rejected by one board were occasionally passed immediately afterwards by another board. Nor was it a dignified position for the corporations to be subjected to the inspection of their examinations by members of the Medical Council. By the proposed scheme, that would be avoided, and the corporations would occupy a really higher position in the estimation of the country and of the profession than they had hitherto occupied. With regard to the students, it was not at all desirable that they should have the opportunity of electing in what way they should obtain

their licence to practise; that they should have the power of entertaining the question, "where can my qualification be most easily obtained?" Such a state of things could have no injurious influence upon the more intelligent and industrious class of students. But there was no doubt a considerable number of students who would be greatly influenced by such a consideration. It was an unfortunate thing that students should be looking, as it were, with one eye to medicine and with the other to surgery, and considering in which direction they could most easily obtain their qualification. The two subjects of surgery and medicine should be regarded as one; no examination should be satisfactory which did not so regard them. With reference to the University of Cambridge, which he had the honour to represent, he was bound to say that the subject was taken up as a matter of public benefit, all considerations with regard to the interests of the University being laid aside. The question considered by the several committees was what would be best for the profession and for the public; the university being willing to concede any slight privilege that it might possess, in consideration of anything that could be shown to be for the public good. The initiation of the proposal was due to the College of Physicians; but, as a member of the College of Surgeons, he ought to say that it was at once accepted by that body. The two bodies had acted in perfect harmony with each other, and he must say the College of Physicians had shown the greatest liberality in all its proceedings. It was, of course, essential that the examiners should be appointed in the best possible way under the proposed scheme. He had no authority to speak on that point, but he had very little doubt that the College of Surgeons would be prepared to make alterations in its mode of appointing examiners, so as to adapt it to the requirements of the proposed scheme. The observations of Mr. Cooper and Mr. Hargrave clearly showed that the voluntary powers at present existing among the corporate bodies, with the supervision of the Medical Council, did not suffice to effect the desired object. From what they had already seen, it was clear that difficulties were not unlikely to arise that would require some authoritative supervision on the part of the Medical Council or some other body. It was therefore necessary that farther powers should be obtained from Parliament. He hoped the possession of those powers would enable the Council so to act upon the subject of corporate bodies as to render the exercise of them unnecessary. With regard to the proposal for a single board for the three divisions of the kingdom, as suggested by Dr. Apjohn, there were, he thought, great difficulties in the way. The board must necessarily be a peripatetic one, travelling from one division of the kingdom to the other. It must also be an expensive one. The examiners would, of course, be men engaged in the active practice of their profession, and they must be well paid for the loss of time in the fulfilment of their duties as examiners. As to the corporate bodies, they were quite essential to the independence and high character of the profession. Nothing could be more disastrous than to have those bodies swept away, or their influence weakened. The result would be, that the profession would be left without support, or be turned over, bound hand and foot to the Council, or some other public body.

Dr. FLEMING said he thought the circumstance of so many candidates applying to the Scotch bodies was capable of easy explanation. The amalgamation entered into by these bodies was, no doubt, one great cause of it. By that amalgamation students in England and Ireland, as well as in Scotland, were able to obtain a double qualification by one examination. Then, there was no doubt that the Scotch licence had always stood higher, both at home and in the colonies; and gentlemen going abroad might prefer to have those licences on that ground. With regard to the laxity of examinations, it was shown by the report of Dr. Embleton's committee that there had been a large number of rejections by the Scotch bodies, so that the charge of laxity could not be brought against them. No doubt the element of expense was a very strong one; the fee for the double qualification was only £16. If the Irish and English bodies had thought fit to amalgamate in the same way, the result might have been different. He regretted that these bodies had not seen it to be their interest and their duty to amalgamate, as the Scotch bodies had done. If they had done so, the important subject now before the Council would probably never have been required to be discussed. Mr. Cæsar Hawkins had referred to the fact that the Scotch bodies continued to give the single qualification, notwithstanding the amalgamation. Why was this? It was because the English and Irish bodies continued to give the single qualification. They could not help themselves, and they could not be expected to forego their privileges. If the English bodies had entered into amalgamation, and consented to give a double qualification only, the Scotch bodies would have done the same. Many of the students in the body to which he belonged passed a certain examination at that body, and then went to Edinburgh in order to spend three or four months at the College of Physicians. They thus voluntarily submitted themselves to two examinations. With regard to the students being rejected by one board, and passed by another, that remark would no doubt apply to every licensing body in the kingdom. It was no use to say that one board was worse than another, or better than another. The rejections on the part of the Scotch bodies were sufficient to show that their examinations were as stringent as those of any other body. Though the Scotch did not in conference, until lately, enter upon the subject of a joint examining board for each division of the kingdom, the subject did not escape the attention of the corporations or of their representatives. It had been discussed among them, and a good deal of correspondence had taken place upon the subject, but they were completely in the dark as to what was being done in England and Ireland. As soon as he received a copy of the communication from the Lord President of the Privy Council, he immediately set himself to consider the subject, and to weigh it in reference to the proposed scheme. There were various circumstances connected with the Scotch system which differed materially from the system adopted in England and Ireland. In the first place, it must be remembered that the Scotch universities were great educating bodies, and important medical schools. Some years ago the Scotch universities, unfortunately for themselves, he thought, obtained the privilege of granting a licence to practise medicine and surgery. They had exercised that privilege largely and well, as far as the education and examination of students went. He did not think these bodies would give up a power they had obtained. These bodies would have to be taken into consideration in any scheme for a joint board, on a very different principle from what applied to the case of England and Ireland. It was proposed that every student before being entitled to register should be examined by the conjoint board, and it then became imperative upon him to join one of the corporations or universities. Dr. Apjohn thought that the most important part of the whole scheme, and without it he would not be inclined to accept the scheme. He, on the contrary, took a totally different view. He thought that if a gentleman passed the conjoint board, and was found qualified to practise his profession, his licence thus obtained should be a title to register. He would suggest that such a candidate should be named Licentiate in Medicine and Surgery, which could be represented by the letters L.M.S., and that the licence should not carry the name of any corporation or university, but only the name of the division of the kingdom in which it was granted. The fee should be sufficient to pay the examiners, and to allow a moderate sum to be paid to the corporations, as proposed by the scheme of the Royal College of Physicians. With regard to higher distinctions, it should be left optional to the students to join any of the corporations.

Dr. ALEXANDER WOOD said he had listened with great attention to the present most interesting and instructive debate, during the progress of which the opinions he entertained on coming to the Council, he confessed, had undergone considerable modification. (Hear.) At the same time, he was bound to say that he had heard enough at the Council, and knew enough of what had been said out of doors, to feel convinced that if they came at present to any stringent resolution, binding the Council, or binding the bodies which were represented in the Council, to any specific course of action, they would take many by surprise, and would be doing an unwarrantable thing in the present state of affairs. He believed that by a little delay and interchange of communication between the three divisions of the kingdom, they might all come to see eye to eye, and possibly before a very long time they might have another meeting of the Council, and pass an unanimous resolution for some change that would satisfy all parties. At present,

such would not be the case. He certainly did not expect to read in a printed report, or to hear it stated *vivâ voce* at the Council table, that there was any reluctance on the part of the Scotch bodies to enter into amalgamations. Why, before the Medical Act had passed a single year, the Scotch bodies had set an example to all the divisions of the kingdom in regard to such amalgamations; and ever since then they had been trying to impress upon the different bodies in England and Ireland the propriety of adopting some such resolutions as those which had been adopted by themselves. For a long time the value of amalgamations was denied, and then it was said that it was impossible to follow the example set in Scotland. But now it was said that a negotiation had taken place in London with the various corporations, that a general agreement had been come to, and that an effort was being made to enforce that specific agreement upon all the bodies. ("No, no.") In Scotland they had waited a long nine years to see some such plan carried out. And now he asked the Council to wait a little time longer—say two or three months—to enable them to consider the altered circumstances of the case; and very likely at the end of that time there would be a general agreement among them. These remarks would indicate the nature of the amendment which he had to propose. He did not wish to say anything condemnatory of the resolutions that had been brought forward; but he would say in the interests of justice, when proposals were made so largely affecting the interests, and it might be the existence, of the corporations, that the Council was bound to give them time to take them into consideration. Dr. Bennett said that the Scotch bodies had had ample time. They had had ample time, but they had not had ample opportunity, because they had not had before them the important document which had been recently circulated among the members of the Council, and marked private. Having said so much, he might conclude without referring to the speech of Dr. Parkes. In the interests of a great question of the present kind, where agreement was so essential, and where everything that tended to produce jealousy or dissatisfaction between one body and another should be avoided, he did hope that every allusion of that kind would have been carefully omitted, and that Dr. Parkes's speech would have been of the ordinary character of his speeches, pleasant and conciliatory. But as sentence after sentence came from Dr. Parkes, he listened with surprise at him in a new character. He seemed to have designed in his speech to set the different bodies in the three divisions of the kingdom in opposition one to another. He did not mean to say that it was done designedly, but that was the effect of his speech. Dr. Parkes told Mr. Cooper that the students of the Apothecaries' Society were running off to Scotland, and the same thing was said with regard to the College of Surgeons of Ireland. Then, as to the cause of this, he made some suggestions, and smoothed them over by saying, "I have no proof of it; I cannot assert it; on the contrary, all the authorities are against it; but still I cannot explain it in any other way." The truth was Dr. Parkes seemed to be utterly ignorant of the history of medical reform during the last fifteen years. Was Dr. Parkes aware that in the very same year in which the Medical Act was passed, another Act was passed called the Scotch Universities Act? Previous to the passing of that Act there was a university in Scotland that was entitled to give degrees in medicine, and did in fact give those degrees with a very lavish hand to all who passed the necessary examination, wherever they had been educated, and not requiring the residence test, which the other Scotch universities required. At the annual graduation session of the University of St. Andrews, immense numbers of general practitioners flocked from England to receive these degrees, and a few came from Scotland, who on account of the residence qualification could not obtain the degrees from the other universities. By the University Act that power was abolished, and there was no opportunity for a gentleman receiving a medical degree in Scotland without residence, until the College of Physicians bestowed their licence in medicine. That sufficiently accounted for the change which immediately took place. With regard to the aspersion that had been thrown upon the Scotch bodies, was it fair, was it generous, on the part of Dr. Parkes to say, "I asked various students who came to my examination why they went from Ireland or England to Scotland. Some spoke of the beauty of Edinburgh, some of the cheapness of the place, and a few—I am bound to say a very few—of the easiness of the examination." Was that a fair way of trying to throw aspersions upon a respectable examining body? Dr. Parkes did the Scotch bodies the justice to read the reports of the visitors of their examinations; and the Council was bound to believe those reports, for they were given by honourable men, and men who were not very friendly to the bodies upon whom they reported. Dr. Parkes was fond of statistics; and if he had introduced another set of statistics from certain volumes that had been published by the Council, he would have had evidence enough to show that his conjecture was utterly indefensible. In the last volume of the Minutes, page 118, would be found a table drawn up by Dr. Embleton's committee, which contained the best refutation that could be given of the conjecture of Dr. Parkes. He referred to the following statement:—"The Royal College of Physicians of Edinburgh examined for its licence at the first examination 67 candidates, and of these it rejected 45." Did that look like an inefficient examination,—did that look like easy passing? Was there any body mentioned in that table that could show such a large percentage of rejections? "At the second or pass examination 219 candidates applied for a licence, and 80 were rejected."

Dr. PARKES.—The number applying was 299.

Dr. ALEX. WOOD.—219 passed, and 80 were rejected. With regard to the double examinations, the number of rejections was 33 out of 107. That did not look like laxity. The Council had been asked if the Apothecaries' Company would allow itself to be extinguished. He believed there was no one who was interested in the subject of medical reform up to the passing of the Medical Act who imagined that the Apothecaries' Society would last for three years from that time. That Society, he believed, had done its duty ably and well. Its former representative at the Council table said he thought the time was come when they should set their house in order, seeing that their functions were no longer required. The passing of the Medical Act, and the changes which followed, were quite sufficient to account for the altered state of things to which allusion had been made. Up to the time of the passing of the Act, no amount of education in Scotland, and no strictness of examination, would enable the practitioner to practise in England, which was a close preserve, only to be entered by means of English qualifications. That, however, was all swept away; and when the hedges were taken down, candidates came from the southern division of the kingdom to take Scotch diplomas. Dr. Parkes had stated that many of those who received the diplomas were unfit to possess them. Imperfections attached to everything human, and however boards might be constituted, some candidates would succeed in passing them who were not properly qualified to do so. No doubt a similar result would take place if the candidates were first examined by Dr. Parkes's board, and then by the boards in Scotland, and it would not necessarily be due to any difference in the severity of the examinations, but would depend partly upon the candidate himself, and partly upon a change in the subjects of examination. But, after all, could the examinations of Dr. Parkes and his colleagues (than whom better men could not be selected by the Government) be regarded as a sufficient test for admission into the profession? They required an experience in the practice of medicine and surgery such as no one could acquire in four years' study. Then it should be remembered that the licensing bodies were ordered by the Council to accept the examination of certain boards as to preliminary education, so that if a candidate held the certificate of any of those boards he could not be rejected for bad spelling. ("No, no.") That, at any rate, was the view taken by the Scotch bodies. Then, again, if a person presented himself at the College of Physicians in Edinburgh, having received a licence to practise in surgery, he was not examined in surgery, but only in medicine; yet, if he was rejected in surgery by the boards of the public services, he might be set down as a licentiate of the College, though he had been rejected for a thing over which they had no control. For these reasons he maintained that the examinations in question were not a satisfactory test. He freely admitted, with all who had spoken on the subject, that the present multiplicity of examining boards was an evil; and if they were reduced to three, it would, no doubt, be much more easy for the Medical Council to superintend them. But it

would be conceded by the more thoughtful minds of the Council, that after all, three boards, or even one (as proposed by the representative of Trinity College, Dublin), might not be so desirable as might appear at first sight. He had had some experience in Scotland in regard to elementary education in schools, whose teachers were examined by a Government Board. The inspectors had only a ministerial duty to perform; they had to conduct the examinations, but they had to transmit the papers for adjudication to a central authority in London. The result was, that while, under the former system, the teachers getting their education wherever they could and following the bent of their own genius, there was a gradual and steady improvement, they were now dwarfed to one level—put into a Procrustean bed and shortened, more frequently than lengthened, to the Government model. In like manner, a central board might, for a year or two, bring up inferior men to the required level, but its subsequent tendency might be to dwarf the intellect, and arrest progress. He did not wish to dwell upon that, as there was a strong opinion in favour of a conjoint board; but threw out the warning with a view to prevent any hasty action on the part of the Council. It had taken Englishmen nine years to see the advantage of amalgamation, and now they were so strongly and suddenly convinced of its necessity that they would not wait to hear the views and the experience of those who had themselves carried out the amalgamation. He asked the Council to pause before they went to the Government and asked for powers to coerce the Scotch bodies into a system of that kind. They were honest and sincere in their desire to meet the views of the Council; and if they had had before them the materials for coming to a judgment, he had no doubt that they would have brought to the Council a right judgment in the matter. But they had not had those materials; they had not the advantages possessed in England for considering the question; and all they asked was for a delay of a month or two to enable them to consider the subject, and to avoid hasty legislation. When a bill was brought into Parliament there would be enemies enough—hydropathists, homœopathists, and the like—to attack it; and with so many enemies without, it was essential that there should be union within the camp. The only conceivable argument for immediate action was, that something must be done in the present session of Parliament. He could see no reason for that; it was quite enough that the subject was under the consideration of the Council and the various licensing bodies. In two months' time their decision would be given, and it would be a decision that would be likely to influence the Government and the country, because, in all probability, it would be unanimous. He begged leave to move the following amendment:—"That the proposal to establish a general examining board in each division of the kingdom is a very important one, and may seriously affect the interests of several ancient universities and corporations, the maintenance of which, in unimpared efficiency, is of importance to the interests of the medical profession. That no opportunity has yet been given to these universities and corporations to consider the suggestions in the letter sent by authority of the Lord President of the Privy Council to the President of the General Medical Council, and, therefore, that the representatives of these bodies in the General Medical Council cannot be prepared, in this stage, to agree to any proposals for forming such a board, and this Council would deprecate any hasty legislation on so important a subject."

Dr. AQUILLA SMITH seconded the amendment.

Dr. QUAIN said it was not necessary, after the admirable address of Dr. Parkes, to say how important it was to decide the question before the Council at once. If they did not do so they would have been called together unnecessarily. An opportunity was now afforded for bringing to a close the question they had long been vainly endeavouring to settle; and yet Dr. Alexander Wood advised a postponement. There was no proposal before them for the organisation of a board, but they were simply asked to consider the broad question, whether a conjoint board was desirable. The object contemplated by the proposal of the College of Physicians and the College of Surgeons was, that the existing corporations should unite and have one examination instead of two or three separate ones. Their own examinations and diplomas would remain as before; the only difference was that everyone who entered the profession would have to pass a practical examination in medicine and surgery. The advantage of the proposed combination was so great that the wonder was how anyone could object to it. If they did not themselves assent to it, the corporations would be set aside, and the work would be done for them.

Dr. MACROBIN said that while there was a great deal of force and fairness in what had been advanced by Dr. Quain, he thought that an opportunity should be afforded for consultation with the licensing bodies. If that course was not adopted they might certainly expect opposition in Parliament; but, by a little delay, their consent would probably be obtained.

Dr. RUMSEY said he could not allow a vote to be taken on a subject so important without saying a few words on the principle involved. He could not see that the request for a little time for the universities and corporations to consider the proposal was, in any way, a negative to the Government inquiry; and he thought that a more decisive and satisfactory reply might be given to the Lord President's letter if a little longer time were allowed. He admitted, however, the importance of the Council expressing an opinion on the subject, as soon as it could be fairly done; and in order that they might do that some of the points of this question should be looked at a little more widely. Dr. Parkes had assumed that a board appointed by Government was necessarily inferior to one appointed by the corporations. But considering the character of the men who had already been appointed by the Government—men like Mr. Simon, Dr. Farr, and Dr. Parkes himself—he could not see that there was any danger of a deterioration in the character of the examining body, if its nomination should be committed to the Government. But if there was any doubt as to the Government, he ventured to say that the Medical Council itself was as capable of nominating good examining boards as the amalgamated corporations. He did not put that before the Council as a proposition, but only threw it out for consideration. He should be sorry for the Council to be pledged to one line of action without duly considering others. Might it not be better that the proposed boards should be appointed by some body independent of the corporations? What guarantee was there that the examinations of the three boards should be equally minute and comprehensive, or that inducements might not still be offered to students to go from one part of the kingdom to another? He agreed with Dr. Humphry in thinking that the scheme was incomplete without some supervision by a competent authority. He believed that England was the only country in which the qualifying and the licensing functions were combined in the same body. In other countries Government was the licensing body, and in England it was the same until the Government, under the Tudors and Stuarts, sold its rights to the corporations. He did not say that the Government ought to resume the power which it had relinquished; but it was important to consider whether the licensing should necessarily be combined with the qualifying power. He was in doubt as to the vote he ought to give. That doubt would, he confessed, be diminished by the adoption of Dr. Apjohn's proposal for a single examining board instead of three boards. One examining body, he thought, might be the means of correcting many abuses. As to the little apparent indecisiveness in their action, it should be remembered that, on some great questions, a little indecisiveness was the greatest practical wisdom. Let them thoroughly consider what they were going to do, and then do it—"*Prima argo committenda sunt, extrema Briarco.*"

Dr. THOMSON said he would not enter into the question of the expediency of the proposed board, but would confine himself to supporting Dr. Alex. Wood's amendment, asking for an opportunity of consultation with the licensing bodies. It would be remembered that the Council had already expressed itself in favour of the abolition of half qualifications. Moreover, the Education Committee had recommended the principle of joint examining boards; but neither the majority of the Committee nor the majority of the Council thoroughly understood the exact nature of the proposal which was made. The explanations were now offered to the Council for the first time, and the bodies they represented had not received those explanations, nor had they had the advantage of that intercommunication which the English bodies and members of Council had enjoyed.

Neither had they had an opportunity of considering the proposal made by the Executive Committee in December last, or the letter of the Lord President. It was all very well to say that courtesy required that an answer should be given to the letter. He was quite sure that the Lord President and those acting with him would see the reasonableness of a little delay in order to secure greater unanimity. Like other members of the Council his views had undergone considerable modification by what he had heard; but he did not wish to express his views until the subject had been more fully considered by the licensing bodies. He saw no necessity for immediate legislation, and there would be no harm in putting it off for a year or two.

Sir D. CORRIGAN said he thought that the representatives of the different bodies at the Council were bound to convey to the Lord President, not their own individual opinions, but the views of the bodies they represented. If he did not adopt that course he should expect to be told that he was an unfaithful servant, and to receive his dismissal. As yet no reply on the subject had come from Durham, and no official communication had been received from Cambridge or London as to the mode of carrying out the scheme.

Dr. QUAIN said that all the English bodies except Durham had officially agreed to the principle of a conjoint board.

Sir D. CORRIGAN said they had not assented to any particular plan. He had himself received specific instructions from the body he represented that they did not admit the principle that a conjoint examining board was the best mode of improving medical education, but thought that previous to legislation there should be a Royal Commission of inquiry. He had been once called to order for calling the competition between the licensing bodies a battle of shops. There could not be a better speech in support of the view than that delivered by Dr. Parkes. But the present proposal appeared to him to be one for sweeping away all the charters and Acts of Parliament under which those bodies held their powers, and to place them in the hands of the Medical Council. He could not conceive that there would be the slightest probability of such a measure passing.

The Council adjourned at six o'clock.

SATURDAY, FEB. 26TH.

The Council assembled at 1 o'clock, the president, Dr. PAGET, in the chair.

Sir D. CORRIGAN resumed his speech on the motion of Dr. Parkes in favour of a conjoint examining board. Dr. Bennett, he said, had referred to a scheme of amalgamation which had been under the consideration of the licensing boards in England, and adduced it as an example of unanimity among the different authorities. It did not, however, appear, even from that document, that anything approaching unanimity existed. The Universities of Oxford, Cambridge, and London had sent no authoritative reply; the representative of the Society of Apothecaries had in the strongest terms objected to the proposal contained in the document; and the profession was already called upon in the press to resist the proposition. The only two bodies that had agreed to the scheme were the College of Physicians and the College of Surgeons of England, and as yet they had not decided on anything positive. It was said that those who proposed delay had already had time; but what time had they had to discuss the question before the Council? The Council was now debating upon a letter of the Lord President, received within the last fourteen days, without any opportunity of consulting their constituencies upon it. They had been desired to regard the letter as confidential, yet they were now called upon to give it a categorical answer without consulting the bodies they represented. Such a proceeding was without precedent, and it was impossible to assent to it. He could not understand from the resolution of Dr. Parkes whether the candidate was to be examined by the joint board before or after obtaining his diploma. If three boards were formed, as proposed, there would be competition amongst them just as there was among the nineteen boards. He could not agree with Dr. Fleming's suggestion that each of the three boards should give a diploma conferring on the candidate the title of licentiate of England, Ireland, or Scotland. Why not also licentiate of Wales? No doubt, as Dr. Fleming had stated, a great many candidates would, under certain circumstances, prefer Scotch diplomas, particularly in the colonies. The Scotch, owing to their tact and cleverness, had got possession of a large portion of the colonies, and he could not imagine a better letter of introduction for a young man going out than a diploma marked "Licentiate in Scotland." (Laughter.) He could not, however, conceive anything more injurious than such a system. The great effort of the Council had been to introduce union, reciprocity, and equality; but the proposed scheme would introduce (not legally, but socially) an absolute war between the holders of the different diplomas in any competition for appointments in connexion with the public services. It was not in human nature to resist the influence which would be brought to bear on the boards in regard to the nationality of the diplomas. It ought not to be known from what division of the country the candidate came. He agreed with Dr. Parkes as to the evils of the present system, and he thought the only way to remedy them was the appointment of a Royal Commission of inquiry. He agreed with Dr. Parkes in his diagnosis, but not in his prognosis or his proposed treatment. Dr. Parkes had contended that where there was a varying percentage of rejections from year to year there must necessarily be an inequality in the examinations; it had not apparently occurred to him that the variation might arise from the candidates being better prepared one year than they were another. He believed that when the London University made its matriculation examinations very high the number of rejections was enormous, and there was a great outcry against the severity of the examination. In the following year the rejections were not a quarter of what they had been. If Dr. Parkes was right in his view the conclusion must be that the London University had lowered its requirements, but the truth was that it maintained its standard, and the candidates came up better prepared. He could not vote for Dr. Parkes's resolution because he had received particular instructions not to assent to any Act of Parliament or any special provisions until the body he represented had had an opportunity of considering the subject. There had been many attempts at legislation on the part of the Council from its first establishment to the present time, and a constant process of "tinkering" going on. What chance, then, was there of a Bill now being brought forward with the unanimous consent, or the consent of three-fourths of the Council? There must necessarily be, if not dissension, at least a considerable difference of opinion. If a Bill were introduced into Parliament there was not a single licensing body that would not differ from some of its provisions, and do its best to get up an opposition to it. No Government would be so stupid as to introduce a party measure; as for the members of Parliament, the influence of the licensing bodies would be brought to bear upon them, and they would vote on the subject without understanding or caring anything whatever about it. The Government would either pass a bad Bill, as it did before, or it would throw the whole thing over. The only mode of getting over the difficulty was by a Royal Commission, which should take the evidence of the members of the Council, the members of the Medical Reform Union, and others, so as to have before it the views of all parties, and be able to establish a basis on which a satisfactory Bill might be founded. This would fully attain (what could never otherwise be satisfactorily attained) the object sought by the Lord President when he said that he could not, on the part of her Majesty's Government, bring forward a Bill purporting to be an amendment on the Medical Acts unless he believed it substantially to cover all the ground where amendment of those Acts was called for, and likely in consequence to be for some time a settlement in that branch of legislation.

Dr. STORRAR said he felt called upon to make a statement which was almost of a personal character. He represented the University of London, but he wished it to be understood that he was not a delegate of that body. (Hear, hear.) If he thought he was, not for an hour would he remain in office. As the representative of the University of London he was as independent as any member of the Council holding her Majesty's commission. The members of Council were not merely delegates, nor were they like kites discussing a quarry, but they were gentlemen met together to consider the best interests of the profession to which they belonged. He was astonished to hear Sir D. Corrigan, above all gentlemen, say that he had received specific instructions from the

Queen's University to take a certain course. He did not think that Sir D. Corrigan had come bound hand and foot to the Queen's University. He sincerely sympathised with him in his bondage, and hoped that the time would come when he would be able to disenthral himself from his bondage and acquire a freedom of action corresponding to his freedom of speech. (Laughter.) If the members of the Council were simply to be regarded as a body of delegates disputing over the plunder of their respective bodies, the sooner the bosom of Parliament was applied to them the better. With regard to the proposal for a Royal Commission of inquiry, which Sir D. Corrigan was instructed to make, what was the object of such a commission? It was to inquire into something as to which inquiry was needed; but was any member of the Council ignorant of the present state of matters in the medical profession? They had had blue book after blue book since 1833, showing all the *faches* of the universities and medical corporations. They all knew that there were nineteen competing bodies in the three kingdoms, and that the competition between them was not of a healthy kind, but was injurious to the profession and to the well-being of the public. But Sir D. Corrigan would not even wait for a commission to express his views. According to his view the corporations should be retained, and be permitted to do as they pleased; but an independent body of an imperial character should be set up by the Government to re-examine all the licentiates and extract fresh fees from them. What would be the view of any member of Parliament as to the common sense of such a proposal? Would not the immediate answer to it be: "If the tree beareth not fruit, cut it down; why cumbereth it the ground?" What the Lord President desired was to ascertain the opinions, not of the licensing bodies (which he might ascertain independently), but of the Medical Council; and it was their duty to return an answer to his letter, and state what those opinions were. Dr. Alex. Wood said that they had not had an opportunity of considering the question in the light of the Lord President's letter; but it appeared to him (Dr. Storrar) that that letter had been written in the light of the communications that had come from the Council. The Education Committee had distinctly pointed out the evils arising from the inequalities of the examinations, and their report had been submitted to the licensing bodies for their consideration and remarks, with a request that their remarks should be sent in before the 1st of December. Those remarks had been sent in and they were before the Council; so that the opinions of the licensing bodies had been already expressed upon the question. Moreover, a statement was addressed by the Executive Committee to the Lord President, containing the following passage:—"In the opinion of many members of the Council the Medical Act is deficient in not granting compulsory powers to effect such amalgamations of existing boards as may seem desirable. The Council have already resolved to seek for power in any amended Medical Act to refuse registration to any candidate who has not been sufficiently examined both in medicine and surgery. It may, however, be questioned whether even this power would prove sufficient for the end in view, and whether it would not be desirable to grant to the Council the power of enforcing amalgamations of boards in the event of recommendations of voluntary amalgamations not proving sufficient." The committee also stated:—"It is probable that no more efficient examining boards for granting the initiatory licence to practise all branches of medicine and surgery can be devised than by combining the examining talent of several corporations with the aid of the universities."

Dr. ALEX. WOOD: The Medical Council have nothing to do with that.

Dr. STORRAR: The Executive Committee were desired to continue their communications with the Government, and he took it for granted that it would not venture to make any communication without some kind of authority. The fact was that the Council by its proceedings and its statements had provoked the letter of the Lord President. They had stated a certain thing to be desirable, and the Lord President thought the proposition was so important that he could not proceed to legislate unless it was provided for in the Bill. Yet, when he communicated with the Council upon the subject, it was proposed that they should recede from their position and tell him that they could not express any opinion without referring to their constituencies. This was moving in a circle in a most extraordinary way. It was a practical bull—not an Irish one, but a Scotch bull with an Irish cross. (Laughter.) The report of the committee was signed by Dr. Andrew Wood as chairman, but he had since apparently obtained some new light from the Scotch bodies, and had come to the Council chained to the chariot wheels of the College of Surgeons of Edinburgh.

Dr. ANDREW WOOD said that Dr. Storrar had no right to assume how he was going to vote.

The PRESIDENT said that Dr. Andrew Wood's speech was chiefly directed to the question of the statistics given by Dr. Parkes.

Dr. STORRAR said he had spoken under a misapprehension. Sir D. Corrigan had stated that the University of London had never expressed an opinion on the subject.

Sir D. CORRIGAN.—I said that they had given no authoritative reply as to any particular plan.

Dr. STORRAR.—Certainly there was no definite plan; but he held in his hand a communication from the registrar of the University of London, stating that a committee had been appointed by the Senate, and that its report had been adopted. That report contained a distinct approval of the principle laid down in the report of the Committee of the Medical Council, and it contained the following passage:—"The Committee, therefore, recommend that the Senate should record their approval of this principle, and express their willingness to co-operate with the universities and medical corporations of the United Kingdom in carrying out a scheme which may secure the efficiency of such uniform examinations." Dr. Alexander Wood had taken great credit for having been the first in 1859 to institute a joint board in Edinburgh. How was that combination brought about? It was considered that the universities of Scotland had not the power under the Act to give a qualification to practise surgery; and when the University of Edinburgh proposed to institute a degree of Master in Surgery, the different bodies combined and went to the Privy Council on the subject, where they had a three days' fight. He (Dr. Storrar) was present; and he should imagine that the contest must have cost nearly a thousand pounds. The result was that the right of the university was established. Why should it be supposed that the Scotch bodies had acted from pure and disinterested motives? They simply made it a matter of option with the candidate to take a double or a single qualification; and the analysis which had been given by Dr. Parkes showed that the single qualification presented the greatest attraction. Dr. Alexander Wood explained it in a curious way. He said that, the St. Andrews degree having been abolished, candidates naturally went to the College of Physicians of Edinburgh for their licences. But why did they not go to the College of Physicians in England or in Ireland? Then it was stated as a reason for the want of education on the part of some of the candidates, that the examining bodies were obliged to receive the testimonials of other bodies in regard to preliminary education. It would appear, however, from the proceedings of the Council, that all that was decided with regard to such testimonials was that they "may be accepted." He was astonished to find Dr. Alexander Wood so compliant in a matter of that kind. He (Dr. Storrar) was prepared to give his hearty support to the motion that had been proposed. He did not say that the schemes propounded were the best. The time might come when the Legislature, naturally impatient of delay, might get rid of the whole existing arrangements, and institute an imperial examination; and he was not prepared to say that the time might not come when he would be reconciled to that course. At the same time, he should be glad to find that some intermediate course was accepted. He was no flatterer of the medical corporations. He had had many a hard struggle with them, but he was bound to say that there was a spirit existing in the College of Physicians and the College of Surgeons of England, to which he felt it his duty heartily to respond. He should be sorry, for a variety of reasons, professional, educational, and social, to see the College of Physicians or the College of Surgeons in any way essentially damaged; he should be glad to preserve them, but he wished to preserve them for good; and if they could do their duty to the country consistently with the interests of the medical corporations, he should be sincerely glad to lend a helping hand. It was said that there would be a competition between the three bodies as before; but, as

Dr. Parkes had said, it would be much easier to exercise a supervision over three bodies than over nineteen. If a board was appointed for each of the three divisions of the kingdom, there might be that amount of intercommunication between them that would secure an essential equality, notwithstanding differences in details.

Sir D. CORRIGAN, referring to Dr. Storrar's remarks respecting his position at the Council, quoted several sections of the Medical Act in which it was stated that the members appointed by the various bodies were to "represent" them in the Council. How, he asked, could they represent them unless they represented their views?

Dr. SHARPEY said he could not allow the debate to close without expressing a decided opinion on the main point before the Council. A distinct question had been asked by the Lord President of the Council, and he thought that a distinct answer should be given to it. Delay, in his opinion, was impolitic. It was said that the bodies ought to be consulted, but the question had been before them for months, and their attention had been especially called to it. The London bodies, without waiting for any further action of the Council, had set themselves to consider the arrangement of some plan by which the desired object could be effected. It was not expected that the arrangements of the three boards would be identical; all that was wanted was, that they should be analogous. In answer to the statement of Dr. Parkes, Dr. Alexander Wood had reminded the Council of the time when a large number of candidates flocked to the University of St. Andrews to obtain a medical qualification. That had been virtually suppressed, and Dr. Alexander Wood thought the suppression accounted for the large number of candidates applying to the College of Physicians of Edinburgh. But why did they not go to the College of Physicians in London? With regard to the number of rejections at the College of Physicians of Edinburgh, that circumstance was susceptible of two interpretations. It might be that the examination was so rigorous that a great many average candidates failed to pass it; but it might also be that, if there was any greater facility at one place than another for obtaining a qualification, great numbers would flock to that place, and among them a number of inefficient men, whom it would be impossible to pass.

Dr. ALEX. WOOD said there was scarcely a candidate who came up for examination to the College of Physicians of Edinburgh who did not possess a surgical, or other qualification, from some other examining body.

The PRESIDENT said that in July last a proposed amendment of the Medical Act, for the repression of the lowest forms of quackery, was placed by the Council in the hands of the Lord President. What was the price which the Government asked them to pay for that protection? The terms were not hard; indeed they were complimentary, for they required the Council to accept fresh powers. Was the Council prepared to refuse these powers? If so, it ought to be shown that they would prove mischievous to the public. Hitherto the Council had exercised its powers with discretion, and there was no reason to suppose that it would not continue to do so. The advantage of the proposed amalgamation had been plainly indicated by Dr. Parkes; and he (the President) was greatly impressed by the statement he had made respecting certain candidates, who were so incompetent that it was a matter of astonishment how any board could have passed them. The examination on which a man obtained his qualification ought to be above suspicion. The competition between the different bodies was a constant impediment in the way of the Council raising the minimum standard. A great improvement had no doubt been effected within the last four or five years, but much remained to be accomplished. The raising of the minimum standard might in truth be expressed by the saving of many lives, and the relief of much suffering; and hence the interest of the public in the question. The responsibility of the Council would be more than doubled if they actually refused the powers that were offered to them to enable them to perform their duties more effectually. He believed there was very little difference of opinion at the Council table; and he confessed that he should be better satisfied with the opinions of the representatives of the different bodies than with the opinions of the bodies themselves, because he knew that they had paid the greatest attention to the subject, and were well qualified to express an opinion upon it. With regard to the supposition that the members of the Council were merely to do as the bodies they represented thought right, he protested, as president, against such an idea, and he should have protested still more strongly if he had been sitting at the Council merely as a representative of the University of Cambridge. He was quite sure that that University would never desire its representative to do other than what he thought best for the public good; and he believed it was the same with regard to the other bodies represented at the Council. If the matter were now shelved, he thought the bodies who were appealed to might throw blame upon their representatives for not exercising their judgments promptly, and to the best of their ability. The only conceivable ground on which delay could be justified was that the whole world would stand still, Parliament suspend its sittings, and journalists go to sleep, while the Universities of Scotland, the Queen's University in Ireland, and the Colleges of Physicians and Surgeons of Edinburgh were deliberating. For their own dignity and their own reputation a prompt and direct answer ought to be sent to the Lord President.

Dr. PARKES, in replying, said he thought the present system was imperilling the friendly relationship between the different parts of the kingdom. The arguments of Dr. Alexander Wood had been so completely answered by Dr. Storrar and Dr. Sharpey that it was unnecessary further to allude to them. With regard to the College of Surgeons of Edinburgh, Dr. Andrew Wood had shown him some figures which were not consistent with those he had taken from the Minutes of the Council; but whatever the exact figures might be, the facts which he had brought before the Council were not invalidated. As to the application for delay, how did the matter stand? The subject was not new to the members of the Council; their own Minutes showed how frequently it had been discussed. It had also been put definitely forward in the report of the Education Committee. That report was forwarded to the different bodies in July last, whose particular attention was requested to the paragraph referring to the subject of the examining boards, and they were requested to send an answer by the 1st of December. In addition to that, he (Dr. Parkes) wrote a private letter to the representative of every university and corporation, telling them that the report had been sent, and begging them to use their most urgent endeavours to bring the matter on for consideration. He also wrote a second letter, later in the year, to the same effect. In England the suggestion was at once acted upon, and the profession owed a deep debt of gratitude to the College of Physicians, the College of Surgeons, and the universities for the action they had taken, which had greatly influenced the progress of the question. In answer to his letter, he (Dr. Parkes) had received replies from various Scotch representatives, and, among others, a long reply from Dr. Macrobin, whom (as the representative of two universities), he had asked to take into his particular charge the relations of the Scotch universities to the proposed measure. He had also taken advantage of other opportunities, for the purpose of ascertaining the views of the Scotch bodies; and he had communicated largely with Dr. Andrew Wood, and urged upon him the importance of a conference between certain bodies. That conference took place, and he believed the result was a unanimous decision to oppose the measure. Having done what he could in the matter, he was advised by the president, whom he consulted on the subject, not to press it further upon the Scotch corporations, but wait until the English scheme should be matured. Meanwhile, the Lord President's letter came suddenly upon them, and the Council had to be summoned without delay. Could anything more have been done to bring the question before the universities and corporations? They had considered and reported upon it, and every one of them had reported against it. What was the use of any further delay? They would gain nothing by it, and they would be putting the Scotch representatives into a very curious dilemma. It was said that if delay was granted they would all agree to the principle of a joint examining board; yet, if the bodies agreed in refusing the principle, their representatives would be acting in opposition to them, and the sacrifice of two months would prove worthless. It was said that fresh light had been thrown upon the matter by the publication of the letter of the Lord President. He could not see that that was the case. He admitted that the argument was extremely well

put, but was there anything novel in it, anything that the Council had not known for years, and was the letter likely to change the previously formed opinion of any corporation or university? It was possible that the source of the letter, and the indication which it offered of a pressure from behind that could not be resisted, might have some effect, but there was nothing in the argument itself with which they were not all familiar. He had received various letters from the Irish representatives, and Mr. Hargrave especially had taken great interest in the matter. He was informed that it was a mistake to state that the College of Surgeons of Ireland was opposed to the principle of a conjoint examining board. The mistake was, no doubt, owing to a slight ambiguity in the report. He had written to Sir D. Corrigan upon the subject, and that gentleman had stated that it should receive attention. He (Dr. Parkes) asked if it was likely that the opinion of the Queen's University would be changed by a delay of two months or six months.

Sir D. CORRIGAN.—How can I answer that question?

Dr. PARKES said he did not think any change of opinion would be produced by delay. He hoped, after what had been said, that the Scotch representatives would reconsider the matter, and not force an unfortunate delay upon the Council. They had now an opportunity which they had never had before, and which they might never have again. The Lord President (under whom he had served), would, if he took up the question, go to the very bottom of it; he would proceed with a perfect knowledge of the circumstances, and a determination to carry out the thing which he considered to be right. But suppose a change should occur which would deprive them of Lord De Grey's interest and support; they would then lose the grand opportunity that was now presented to them. The Vice-President was also quite disposed to move in the matter; he was a man of extraordinary powers, and if he took up the question fairly, he would no doubt carry it through the House of Commons with great facility. He might, however, soon be appointed to some other post, and it was impossible that they could reckon upon him for a whole year. The only point at present to be considered and decided by resolution was the general question of a consolidated examining board, the details being left to a future day. With regard to the general principle he thought they were all agreed, the only difference being whether there should be one board or three. He had great respect for the opinion of Dr. Apjohn, who had carefully considered the question, on a single board, but it appeared to him (Dr. Parkes) that that scheme would be attended with the greatest difficulties. A single board would be a movable one, and difficulties would present themselves in regard to its formation, its constitution, and its action. It would be difficult to harmonise the various bodies who would have to send representatives to the board. The members of the board would have to be selected from gentlemen in practice; the examinations in the different divisions of the country would extend over days and weeks; and if men of high character were appointed, they must not only be paid extremely well, but the appointments must be permanent. But if permanent examiners were appointed the very principle of the thing would be destroyed. What they wanted was to have practitioners who should be replaced from time to time. Then how was such a board to conduct its examinations? In London all the appliances were at hand, but elsewhere they might have a difficulty in obtaining them. It appeared to him that the plan of a central peripatetic board, or a single board with three permanent branches, presented so many difficulties and disadvantages that it would be very injudicious on the part of the Council at present to affirm it. If, however, on future consideration it should be thought desirable to have a central board with three branches, it would be very easy to adopt that system. They did not wish to bind themselves to any very rigid mode of carrying out the plan, but wished to be able to modify their proposals if it should be found necessary. As to competition between the boards, he regarded that as an impossibility. Considering how the examiners would be chosen by the various corporations and supervised by the Council, anything like improper competition might be put out of consideration altogether as a thing which could only arise from an entire misconception of what the action of such boards ought to be. In conclusion, he would only say that an immediate answer to the Lord President's letter was absolutely necessary. Delay was nothing less than suicide; it was an abdication—nay, more, it was a betrayal of the profession. If they did not answer the letter the Lord President would proceed without them, and they would find themselves powerless in the matter. If that answer was not given, he could only say that, in spite of all that the Council had done—in spite of its honesty which he believed was unimpeached—and in spite of its talent, which was very great, he should not regret that it ceased to be a council and to assemble in that room. (Hear, hear.)

The amendment of Dr. Alexander Wood was then put to the Council, and was negatived—5 voting for it, and 17 against.

By permission of the Council, Dr. PARKES and Dr. STORRAR withdrew their motion in favour of the following (proposed by Dr. THOMSON, and seconded by Dr. BENNETT):—"That this Council is of opinion that a joint examining board should be formed in each of the three divisions of the kingdom; and that every person who desires to be registered under any of the qualifications recognised in Schedule A to the Medical Act shall be required previously to such registration to appear before one of these boards, and be examined on all the subjects which may be deemed advisable by the Medical Council; the rights and privileges of the universities and corporations being left in all other respects the same as at present."

To this motion,

Dr. APJOHN moved the following amendment:—"That the Council agree to the principle of instituting an examining authority, before which every person who desires to register any of the qualifications recognised in Schedule A to the Medical Act must appear, and be examined in such subjects as may be required by the Medical Council; it being understood that no person shall be put on the Register who is not in possession of one of the qualifications which at present entitle him to registration."

Dr. STOKES seconded the amendment, and said it was not proposed that the board should be a Government one, or that the profession should be deprived of its power of regulating admission into its own body.

After some remarks from Sir D. Corrigan, Dr. Rumsey, and Dr. A. Smith, the amendment was put, and negatived—3 voting in its favour, and 15 against.

The original motion was then put, and carried.

The Council adjourned to Monday at 1 o'clock.

MONDAY, FEBRUARY 28TH.

At the meeting of the Council on Monday the following resolutions were passed in reference to the proposed conjoint examining board:—

"That, in accordance with the foregoing resolution, the universities and medical corporations established in each division of the United Kingdom shall be requested to concert a scheme for the constitution and regulation of a conjoint examining board for that part of the kingdom to which they belong, and shall, on or before June 1st, 1870, transmit such scheme to the consideration of the General Medical Council."

"That any alterations in the aforesaid schemes deemed necessary by the Council should be considered by the conjoint bodies, and their opinion reported to the Council, and that, in case of disagreement between any of the conjoint bodies and the Council, the points of difference should be referred to the consideration and decision of her Majesty's Privy Council. That the same course should be followed if, in process of time, it should be considered advisable to make any alteration in the original constitution or rules of the conjoint examining boards."

"That the powers required for carrying the foregoing resolutions into operation be sought from the Legislature; and that her Majesty's Government be requested to bring in and carry through Parliament a Bill to amend the Medical Acts, which shall contain the requisite provisions."

Some other resolutions on the same subject having been passed, Sir D. CORRIGAN brought forward a motion for a Royal Commission of Inquiry, which, after a short debate, was negatived. The remainder of the sitting was occupied with the consideration of a proposal by Dr. Parkes that the Privy Council be urged to refuse registration to the graduates of the Queen's University until the University com-

plies with the recommendations of the Medical Council on the preliminary examination of medical students.

The consideration of this subject was resumed on Tuesday, and ended in the withdrawal of the motion by Dr. Parkes in favour of a proposal for postponing for the present any action in the matter.

The Council then took into consideration a Report of the State Medicine Committee, which was reappointed, and directed to report again at the next meeting. A resolution was then passed in favour of introducing into any amended Medical Act a clause giving the Society of Apothecaries power to remove from its list the name of any licentiate who should be convicted of felony &c., or have been guilty of infamous conduct in a professional respect. The Treasurer's Report (which showed an excess of expenditure over income of £765) was adopted without discussion.

Some formal business having been transacted, the Council terminated its sittings, which, it was understood, are to be resumed in July next.

A full report of the proceedings of Monday and Tuesday will appear in our next issue.

DR. C. J. B. WILLIAMS *VERSUS* THE DUKE AND DUCHESS OF SOMERSET.

To the Editor of THE LANCET.

SIR,—In the leading article on Dr. Williams's action against the Duke and Duchess of Somerset, in your last number, there is the following sentence, which, I suppose, is derived from the Solicitor-General's statement of the case:—"The adverse symptoms being urgent, Dr. Williams suggested—and received permission for Mr. T. Holmes to perform—the operation of tracheotomy, but immediately it was over the patient died."

As far as I am able to say from my own knowledge, this sentence is incorrect in every particular. The very cause of the action was that the Duchess of Somerset (who was alone with her son, the Duke being in the country), was perfectly ignorant of the operation having ever been suggested. Having referred to her again on the point, I have her Grace's authority to say that if Dr. Williams said anything whatever to her on the subject, she neither heard it, nor replied to it. Dr. Williams, however, has informed me, that just as Mr. Barker, Mr. Smith, and I suddenly rushed into the room, (I having been summoned in hot haste to attend a man in the agony of death), he said to the Duchess some words to this effect, "Now there is no chance except opening the windpipe, and Mr. Holmes has come here to do it." But I never heard that the Duchess expressed any assent, although no doubt she gave every assistance to us after the operation, so long as Lord St. Maur lived. The Duchess informs me that she had no idea, before the operation was performed, what the nature was of the proceeding which was proposed, and she certainly gave no permission for me to perform it, for she remained perfectly ignorant of my name, till several days after the operation.

I think you will see the propriety of correcting the impression which your account would leave on the mind of your readers, that the Duchess, after having given her express permission for the performance of the operation, afterwards represented herself as being ignorant of it.

With regard to the last words of the sentence, I wish to say that the operation was perfectly successful in its immediate object, that of re-establishing respiration. Lord St. Maur lived about an hour and a half after the operation; and died, not (as might be inferred from your account) of the consequences of the operation, but, as it appeared, from the gradual accumulation of fluid in the trachea, which we attributed to pressure on some lower part of the air-passage.

I am, Sir, your obedient servant,

Clarges-street, March 1st, 1870. T. HOLMES.

*** The Solicitor-General's statement, in so far as it remained uncontradicted by defendants' counsel, formed the basis of our comments. According to *The Times'* report (which we have since ascertained from our representative in court to be accurate) the Solicitor-General used these words:—"Ether and chloroform were administered by way of inhalation; but all appeared hopeless, and nothing remained to be done but to perform the operation of tracheotomy. Mr. Barker, who was present, agreed that the operation was necessary; and, not being provided with the necessary instruments, Mr. Holmes, a surgeon of St. George's Hospital, and Mr. Smith, of George-street, Berkeley-square, were at once summoned to attend, *and the operation was performed with the assent of the Duchess.*" This statement the counsel for the Duchess was unable to rebut, except by saying that *"the impression upon her mind at the time she wrote the pamphlet was that she had not been so informed."* But the contents of this pamphlet, so far as they reflected on the honour of the plaintiff, were formally withdrawn and apologised for—that is to say, Dr. Williams' conduct in word and deed was admitted to be unimpeachable. Writing within an hour after the case had closed, could we have expressed ourselves otherwise than we did? When we said that the patient died immediately the operation was over, we insinuated no reflection on the skill with which the operation had been performed. We meant to convey that a very short time—a time to be counted by minutes rather than hours—elapsed between the operation and the patient's death. Was it not so? Mr. T. Holmes's letter, which we gladly publish, can scarcely be held to prove our sentence "incorrect in every particular." Certainly it fails to show that the statement of the Solicitor-General, or the reply of Mr. Hawkins, left us any other alternative but to write as we have written. Finally, we beg to call the reader's attention to the subjoined letter from Dr. C. J. B. Williams' solicitor, which, it appears, was submitted to Mr. Holmes before being sent to us for publication.—ED. L.

To the Editor of THE LANCET.

SIR,—I have seen a copy of Mr. Holmes's letter to you of the 1st of March. In this letter he has not accurately stated the account given him by Dr. Williams, of what was said to the Duchess as soon as the surgeons arrived, Dr. Williams' words having been, "The only chance of saving his life is by making an opening into the windpipe, and Mr. Holmes is come to do this."

His letter is also written so as to convey the impression that he believes that her Grace did not *hear* the words referred to.

Now Mr. Holmes told me, on the 22nd of November last, and I took note of what he said at the time, that after the death, in answer to her Grace's complaint that her permission for the operation had not been asked, Dr. Williams said he had told her Grace that it was necessary to open the windpipe. To which, as Mr. Holmes stated, her Grace replied, "Yes, but you did not tell me it was an operation."

From this conversation I think your readers will infer that her Grace must have *heard* the words referred to, although she seems to have misunderstood their meaning.

In Mr. Hawkins's retractation in Court, there was nothing inconsistent with this view, as he merely stated that the impression upon her Grace's mind was that she "had not been made aware" of the fact that the operation was about to take place.

Mr. Holmes has also omitted to state the fact, which I have on his authority, that before the operation her Grace gave orders for moving the table, an arrangement which he, with a view to the operation, required.

Dr. Williams is about to publish a statement of the facts of the case, which renders it unnecessary to enter into further detail at present, except merely to add that, if the Duchess did not expressly assent, neither did her Grace make any objection to the performance of the operation.

I am, Sir, your obedient servant,

37, Bedford-row, March 2nd, 1870. H. S. WILLIAMS.

MR. GEORGE HORNIFIELD has left the sum of £20,000 to found a charity in Sheffield, for the benefit of persons in reduced circumstances.

THE LANCET.

LONDON: SATURDAY, MARCH 5, 1870.

THE General Medical Council has given an answer to the Lord President of the Privy Council. The best we can say for this answer is, that it is just the kind of reply that might have been expected, and which, indeed, we did anticipate. It is founded principally upon the following motion:—

"That this Council is of opinion that a joint Examining Board should be formed in each of the three divisions of the kingdom; and that every person who desires to be registered under any of the qualifications recognised in Schedule A of the Medical Act shall be required, previously to such registration, to appear before one of these boards, and be examined in all the subjects which may be deemed advisable by the Medical Council: the rights and privileges of the universities and corporations being in all other respects left the same as at present."

Corporations have never been famous for their love of reform, or their perception of the particular reform which was needed. And it is not otherwise with medical corporations. It remains to be seen whether the Lord President of the Council is prepared to act independently in this matter. There has never been such an occasion as this. The profession at large, the public, and the Parliament are all ripe for such changes as the nature of the case and the progress of the times demand. The one difficulty that the Lord President has to deal with is the existence, not only of corporations, but of a huge combination of corporations in the shape of the General Medical Council, which is maintained at the expense, not of the corporations, but of the much-suffering and little-represented medical profession, and which last year exceeded its income by well on to £800. Now, we admit that it is an awkward matter that Lord DE GREY should have to consult this Council, and, if we believed that the present Government was made of ordinary stuff, we should despair of seeing any reform worthy of the name effected at all.

But the Lord President of the Council has ample justification in various facts for taking the matter entirely into his own hands. We will only dwell on one or two of these facts. The first of these is the peculiarly humiliating, illogical, and absurd position in which legislation, in the form of the above motion, will place the corporations. Let us see the position. The Council—in other words, the licensing bodies—are given to understand that there is extensive and well-founded dissatisfaction with the way in which the licensing boards now discharge their duty. Dr. PARKES said, in the course of his able speech, men are passed and come up to the Army and Navy Boards concerning whom it is utterly incomprehensible that they should have been allowed to pass by any board. A large proportion of the men passed by these boards are so imperfectly educated, generally and professionally, that they are rejected as unfit by those boards which have the responsibility of appointing medical officers for the public services. Speaking specially of two or three men that had come under his recent observation, Dr. PARKES said that rather than admit them to the army and navy services he would have left the sailors and soldiers without a medical man. And let it be remembered, as Dr. PARKES further said, that the army and navy do not get the worst men that pass our licensing boards. Such men know that there is a testing examination to be passed, and so go in for practising, not on her Majesty's servants, but on her subjects, to the great injury of these. The low standard of our examining boards means the bad treatment of disease, the loss of life, and the prolongation of disease and suffering. Well, our present system is a system of low standards—kept low by the poverty or the love of money of the corporations, some of which have made fortunes by the mere sale of their licences without any examination. It is, as the Report of the Education Committee says, "cumbrous and inefficient," and it must be altered. The Council is asked how it can be altered, and it replies in the above motion. In other words, it would create a board, or three boards, made up principally of the corporations whose examinations have been disparaged; and after this board is passed, nothing is gained till the existing boards have all been passed! A more stringent examination is to be established, but the passer of it is to be qualified neither medically nor surgically till he has passed the present and less stringent boards! Could anything be more absurd? The testamur of the stringent board, the demand for which arises out of dissatisfaction with the existing boards, is to give no qualification, and will not even confer a title to registration. It will only entitle those to be registered who also pass the present boards, whose carelessness has given rise to so much scandal and necessitated the creation of a new test. We say that the motion is an absurd and illogical one. It should be clearly perceived that, while Lord DE GREY contemplates an examining authority that should *supersede* the many examining boards which now act independently, the Medical Council merely contemplates an examining authority that shall *supplement* the examinations of the corporations.

But it is said the corporations must live, and if they are not to examine the entrants into the profession they will be ruined. So to maintain the corporations, and after their particular examinations have been practically superseded, it is pitifully asked that we should leave them nominally where they are, and—we presume—that students should pay them the same fees as at present for their special diplomas. Surely this is an undignified and most humiliating position for the medical corporations. It reminds us of what we have read in connexion with another measure to come before Parliament affecting ships. In the Channel they may take a pilot or not as they please; but whether they take the pilot or not, they must pay for him. The corporations would have acted a more dignified part if they had said to the Government—"You disparage our examinations; then we decline the gold which attaches to them." So far from this, they have been mainly anxious about the gold—ready to give up the real examination of students, if only they may receive the present imposts. Is it useless even now to

appeal to the dignity of the corporations? By general consent, they are to be relieved of the responsibility of admitting students into the profession. Have they no other function? Can they not break away from low standards, and live by insisting on high ones as the condition of their Fellowship? Whether they can or not, we must insist on the injustice and the impolicy of expecting students to maintain all the existing nineteen corporations, and virtually three more. This is a tax which cannot be borne. The promoters of this scheme in London contemplate charging the student thirty pounds for passing the new board and receiving the diplomas of the corporations. We know the Scotch corporations can do things more cheaply, and we shall have the same competition as at present. Thirty pounds is a heavy charge for common diplomas at the end of an increasingly expensive education. And it is as impolitic as it is heavy. Students are examined in the interest of the State, and the State should either charge them nothing or see that they are charged lightly, so that any money they have to spare may be devoted to education, leaving a little for higher degrees or fellowships, such as our universities and corporations would give their attention to if we could take their minds off the common diplomas, which have been so much more profitable to them than to the profession or the public.

We have demonstrated that the corporations in coalition, any more than singly, cannot be entrusted with the examinations that are to admit students to the profession; and that the motion passed by the Council places them in a position at once humiliating, illogical, and absurd. Lord DE GREY must see this. He will act kindly to the corporations, and best satisfy the profession and the public, by instituting a new Examining Board, above all suspicion, to be paid, not for passing men, but for examining them.

There is one subject most conspicuous by its absence in the resolutions of the Council, on which its answer to the Lord President is based—that is, the constitution of the Council itself. The Lord President cannot regard a letter "as covering all the ground where amendment of the Medical Act is called for" which contains not the slightest allusion to this matter, in respect of which he knows there is universal dissatisfaction in the profession. This is only another reason why Lord DE GREY should act independently of the Medical Council.

IN our previous articles on the amalgamation of the British and Indian medical services, we declared that, in our opinion, the time had come for a careful consideration of the system of sanitary and medical administration at present in force in India. It is hardly possible to imagine anything more cumbersome or complicated than the working of the existing machinery. In the Bengal Presidency there is the medical service of the British forces, that of the Indian army, supplemented by an uncovenanted civil medical service, and a separate department, termed the Sanitary, with its commissionerships. Military hygiene and medicine are indissolubly connected, and, as far as India is concerned, there is ample provision for their being worked together effectually and well. Any of the reports of the Sanitary Commissioner for Bengal will show that his materials are almost exclusively drawn from the military classes, which form a fractional part of the entire population; and the army statistics and sanitary comments are either incomplete or a mere repetition of the work done by others. The vital statistics of the non-military and native population are altogether ignored, and the labours of about three-fifths of the present staff of medical officers of the Indian service are not utilised in the way they might be if the materials for the history of the epidemic and other diseases, in their relation to the great mass of the people, were properly collected and periodically published. There is no country in the world, as we have said, where medicine is capable of becoming so powerful an engine for advancing the good of the people, and subserving imperial interests, as in India; and it is as much our duty as our interest to make use of it for the benefit of those acknowledging our rule. Great as would be the gain, however, if this were provided for, there would yet remain the anomaly of two armies in India, possessing two perfectly separate services and systems of medical administration, although the military government and administration are centralised in one authority. The amalgamation of the two medical services obviously suggests itself; and, if rumour may be trusted, the Indian authorities are even now engaged in hammering out the subject on the official anvil so as to weld the two services into one.

There is, however, a collateral branch of the Indian Medical Department which is not military but civil, as far as its duties are concerned. It is of such dimensions that its officers far outnumber those engaged in moving the wheels of the medical machinery of the Indian army. In 1869, out of about 673 medical officers, there were only 26 administrative and 199 executive officers employed on purely military medical duties; the remainder holding civil posts of a relatively much more lucrative character. The extent, indeed, of the civil duties in India is such as to have compelled the Government to supplement the labours of these medical officers by those of another and subordinate uncovenanted service — a method of administration but little calculated to uphold the interests of the profession or promote those of the public. According to the Indian Army List for 1870, the administrative and executive medical staff of India is as follows: 3 inspectors-general, 21 deputy inspectors-general, 307 surgeons, and 412 assistant-surgeons; 743 in all. As is well known, it has always been contended by officers of the British service that the medical and sanitary administration of all matters appertaining to their own barracks and hospitals in India should be in their own hands; and the justice of this was fully recognised by the authorities, and governed the action taken by them in 1867. This will be at once evident by comparing the two services before and after that date. In 1865 there were of the Indian medical service 7 inspectors-general and 28 deputy inspectors-general, exclusive of garrison and district surgeons; and in the British medical service 1 inspector-general, and 4 deputy inspectors-general. On the 1st of January, 1869, the relative numbers were—Indian: 4 inspectors-general, 22 deputy inspectors-general, 360 surgeons, and 287 assistant-surgeons. British: 3 inspectors-general, 12 deputy inspectors-general, 102 surgeons, and 207 assistant-surgeons. Of the British surgeons, 4 were administrative; of the Indian

surgeons, 20 were staff, garrison, &c. The Indian medical service had 26 administrative to 647 executive, or nearly 1 in 25. The British service had 15 administrative to 399 executive, or nearly 1 in 26, exclusive of 4 surgeons-major.

The medical officers of the Imperial force contend that to deprive their service of the administrative ranks in India would be to rob it of the only posts offering the seniors any present or prospective advantages. On the other hand, those of the Indian medical service bitterly complain, among other things, of having been deprived of the medical charge of European troops. Many think that they perceive a remedy for their grievances in amalgamation. Before this can be attempted, however, with any hope of success, one thing is to our minds clear, and it is this: we must alter the constitution of the Indian medical service. The very principle underlying the plan we have to propose presupposes that the military must form one section separate and complete in itself; the civil another. The changes that have taken place since the mutiny in the amount and composition of the military force in India, the transfer of the whole of the European troops to the British army, and the reduction of the Native force, have rendered such a reorganisation necessary. Unless the civil element, as we may term it, in the Indian medical service be divorced from the military, no fusion can take place. If the amalgamation is to be one in reality, it must mean that every medical officer will at the same time agree, like the officers of the Indian Artillery, to serve in any part of the world where their services are required; in fact, to transfer their allegiance from the Indian authorities to those of the Horse Guards and the War Department. Supposing this change agreed to, and an amalgamation on this footing an accomplished fact, it would still be impossible to work an amalgamated department, one portion of which was essentially military, while another portion was essentially civil and engaged in purely civil medical duties. Amalgamation, then, of the services, as they are at present constituted, is simply impracticable. The existing constitution and duties of the two are, moreover, very different; and it would, in our opinion, be a mistake to alter the purely military character of the British medical department for the purpose of attempting an amalgamation with the Indian service, without at the same time modifying the existing arrangements of the latter. A decided improvement would no doubt be effected, with a diminution of expense, if the whole military medical administration were centred in one head and in one set of administrative officers; and we believe that, the complete and absolute separation of the military and civil medical duties once agreed upon, such a single administration would be perfectly practicable.

The medical service for the civil medical duties of India might be constituted into a *covenanted* medical service. The duties that would be embraced by such a department would, in extent and importance, far surpass those appertaining to the charge of native troops. For a country so vast as that of India it would be highly desirable that an attempt, at any rate, should be made at the organisation of a State department of medicine, to assist with its advice the Governor-General, to collate the health-statistics, to provide men with the requisite skill for undertaking chemical analyses and for deciding in questions of medical jurisprudence. To the civil medical department should likewise be entrusted, in addition to its present charges, the organisation and management of various medical schools throughout the country.

This civil medical department might of course be organised in grades similar in title and in relative positions to the different grades in the medical department of the army. It would be charged with the whole of the civil medical duties in the country, there being one department for each of the three Presidencies. The officers would be to all intents civilians, but with the relative rank and status corresponding to those appertaining to similar grades of army medical officers. This arrangement would be no anomaly in India, as the covenanted civil service is divided into classes, a definite relative rank in comparison with the army rank of military officers being laid down for each grade of the civil service.

Having provided for the due performance of the civil medical duties, there need be no difficulty whatever in the medical department of the British army providing officers for charge of native corps. It is within the remembrance of most of our readers that a proposal was made some years ago to obliterate, as far as possible, all distinction between the officers engaged for medical service in India and those of the British army, by providing for the demands of the Government of India by the formation of a medical staff corps for each presidency. To effect this, it became necessary to obtain the sanction of Parliament; but the measure, as proposed by the Government, was considered open to grave objections, and Parliament refused its assent. Under the plan we would suggest, medical officers of the Imperial service might be seconded for a definite period, and placed for that time at the disposal (but for military duties only) of the Government of India and of the Commander-in-Chief. In the case of such officers we would add this restriction: that before being eligible for duty with native corps they should have served four years in the medical department of the British army, and have passed in the language of the Presidency in which they are to serve.

By an arrangement of this kind military medical administration would in due time be carried on entirely by the senior medical officers of the British service; while the civil medical administration would be carried on by the administrative officers of the civil medical department. As regards the medical officers attached to, and doing duty with, the Indian army at the time of the reorganisation, provision should, of course, be made for their continuance in their posts until they were removed by death or retirement on the allowances belonging to their respective service and rank, or by their translation to the more lucrative civil appointments, as vacancies occurred. The officers of the Indian medical service doing duty with native corps, as their service is at present constituted, could only leave the country in the case of their regiments doing so for service elsewhere; but this must be a very exceptional occurrence. As vacancies occurred in the strictly military part of the Indian medical service, the posts being filled up by officers of the British service, the military medical duties would in course of time pass into the hands of the latter, and the

Indian army, as well as the British army in India and elsewhere, would then be, medically speaking, administered by one head and one body.

Lastly, the advocates of one amalgamated medical service, the members of which are not only to perform the whole of the medical duties, civil and military, in India, but those also of the British army in all other parts of her Majesty's dominions, do not appear to have fully considered the matter in reference to the claims of her Majesty's native-born Indian subjects who are now eligible for appointments in her Majesty's Indian medical service, but not for appointment to the medical department of the British army. With a separate department for the civil medical duties in India, these gentlemen could still enter the public service as they now do; but their sphere of duty would not extend to military service—a modification of present arrangements which would be in the right direction, as the civil walk of the profession is more suitable for this class than the military one. Practically, these young officers could not be employed on general service in various climates.

THE trial of the MORDAUNT case has terminated; and we confess that we are heartily glad of it. It was in every way lamentable, whether it be regarded in relation to the persons immediately concerned, the odious nature of the charges, or the demoralising tendency of details of the character narrated by the witnesses and spread abroad by the public journals. It is as easy as it is futile to dwell upon the degeneracy and vice of the age in which we are living; but anyone taking up this subject for his parable would find some remarkable illustrations ready to his hand. We wish we could regard the publication of all the details entered into at the late trial from the stand-point taken by Lord PENZANCE. We suppose that, after all that has been said about the "great Warwickshire scandal case," it was necessary to let the public know the worst, in order that they should not conjure up images far worse than the facts; but the repetition of a few such trials will go a great way towards making people desire them to be conducted with less publicity or none at all.

With the case in its social and moral—or rather immoral—aspects, we can have nothing to do; but there are several points of a medico-psychological kind which merit some notice. The inquiry was really as to the sanity or not of Lady MORDAUNT; but in order to show that an excessively strong motive existed on her part for the simulation of insanity, for the purpose of avoiding the disgrace which would inevitably have been brought on herself, her family, and the aristocratic houses with which that family was connected, had the charges of adultery been substantiated, much of the evidence in support of them was rehearsed. The preponderance of medical testimony as to Lady MORDAUNT's mental condition at the time of the trial was such that the petitioner's advisers were compelled to admit that they could not break it down. The issue then became narrowed down to this point,—What was her ladyship's mental condition at a given time—viz., on and after the 30th of April? The verdict of the jury, as everyone knows, was that Lady MORDAUNT was insane, irresponsible for her actions, and consequently unfit to instruct her solicitors, at that time. The strength of the respondent's case rested in this, that she was admittedly insane at the time of trial; that it would be impossible to fix with precision the date at which she became so, or to determine when perfect responsibility on her part ceased to exist; that the mental affection under which she was said to be suffering had commenced in very small beginnings long before the symptoms became so developed as to be recognised as those of insanity; and, in order to give consistency to this theory, her counsel laboured to trace the continuity of the chain of morbid phenomena which he asserted to have been present throughout. There was the very strong evidence of two witnesses to show that Lady MORDAUNT's mind was dominated by a delusion when she charged them with acts of adultery, and the inference therefore was that in the other cases she had made statements which were equally unfounded in fact.

The evidence by which this view was sought to be established on the one side, and to be disposed of on the other, is well known, and we need not weary the reader by referring to it at any length. The case unquestionably differs from the examples of mental disease ordinarily met with. As far as the evidence for the respondent went, it tended to establish something of this kind: that there was some morbid hysterical affection connected with the physiological condition of pregnancy; that the statement made, for example, in reference to the supposed diseased state of one of the co-respondents impressed her mind to such a degree that, within a few hours after her confinement, she inquired about the condition of the infant; and that subsequent confessions arose out of the puerperal state when she exhibited the symptoms of hysterical depression, taciturnity, and nervous prostration set forth in the letters of Sir CHARLES MORDAUNT at the time. Subsequent to this period the medical evidence is somewhat conflicting, but, on the whole, it goes strongly to support the theory of her insanity; until, finally, the vast majority of the medical men and others, at any rate, agreed in declaring her to have become so. The last stage, from the description, would seem to correspond rather to a condition of dementia than to any other form of insanity.

Assuming the symptoms of insanity to have in reality extended over a long period, the suggestion of Sir JAMES SIMPSON forms an important element in the case—viz., that the form of it often takes its type from the presence of disease in a particular organ. That some disorder of the uterine system formed a complication is very probably true, as it was clear that she was labouring under purulent discharges from these parts after her confinement. That puerperal mania was ever actually present we do not believe. There was not the active emotional state, the talkativeness, the insomnia, the fever, acceleration of the pulse, or wasting which unquestionably characterise puerperal mania.

And now a word or two as to the infant's having suffered from a specific form of ophthalmia in consequence of the presence of a specific disease in the mother. To distinguish this from that of the ordinary purulent ophthalmia of new-born children is so difficult as to be next to impossible; nor do we see, moreover, how it would be possible to

differentiate the purulent discharges in the mother from those arising from leucorrhœa, especially where there is a more than ordinary degree of active congestion, such as we may readily imagine to have been present under the circumstances of the case. Had symptoms of disease been present on the skin, mucous membranes, and in the eyes of the child, there could have been no difficulty in assigning them to the action of the inherited taint of another specific disorder; but none such were present. *En passant* we may add that it was with extreme regret we saw the confession of a medical witness to the effect that he had "taken sides" in this matter. Every possible effort should be made to avoid every side but that of the truth; and if this be at all times necessary, it is peculiarly so in medico-legal cases.

In conclusion, we may say that we concur in the verdict. With the overwhelming amount of evidence in favour of the view advanced for the respondent, we do not see how the jury could have arrived at any other. But we are bound to say that there are several experienced experts who are not convinced of the existence of insanity in the case. On the one hand, they do not see anything in the description given of it which would preclude the idea that the symptoms may have been assumed; and, on the other, they entertain very strong suspicions of the case, on account, as they say, of the incompatible symptoms deposed to in the medical and other evidence.

It is impossible not to respect the main object which Sir JOHN GRAY seems to have in view in the Bill which he has got leave to bring into Parliament. It is equally impossible to approve the means by which he proposes to accomplish his object. Sir JOHN wishes, above all things, to secure that the general practitioner shall be thoroughly examined—that is to say, that he shall be thoroughly tested in regard to his knowledge of those cases and duties which are likely to emerge daily in general practice. This is his main object. But he has two or three secondary ones. First he perceives, what everybody out of the General Medical Council perceives, that it lacks the essential quality of a good Medical Council—viz., the sympathy and the respect of the medical profession. Accordingly, he designs to alter the constitution of the Council, so as to make it more popular and more representative of the profession. Moreover, having provided means, which he thinks sufficient, to test the practical knowledge and skill of the practitioner that is to be, he is desirous that the best practitioners should have the Poor-law and all the civil appointments. He makes provision for testing their ability by a competitive examination. The examiners are the same as for the ordinary pass-examination.

Such are the principal objects which Sir JOHN GRAY has in view. Let us look a little more closely at the details of his measure.

First, he leaves the Medical Council very much as it is, *plus* twelve new members elected and paid (if they are to be paid) by the general practitioners of the country. We object to this proposal, because it will greatly enlarge the Council, which is already far too cumbrous for the prompt discussion of subjects and the dispatch of business. Moreover, it leaves all the corporation elements in full force; and we can never regard as final or satisfactory any measure of medical reform which leaves so many superseded and unnecessary corporations in power.

Then, again, we must object to Sir JOHN GRAY'S Bill, as to that suggested by the Council, that, while it adds a new examination, because of dissatisfaction with existing ones, it leaves all these in existence. This is a great absurdity. A man cannot present himself for examination at the new board Sir JOHN would establish without first having passed the existing licensing boards. This of course, not because Sir JOHN believes in the present boards, but because he would conciliate them. It is remarkable that Sir JOHN should have had the courage to disparage existing boards, and has not the courage to abolish one of them. If the licensing corporations have ceased to be satisfactory licensing authorities, let them be superseded; but to retain these and foist another body on the profession to do their work, is a monstrous concession to vested interests. The very radical evil of our present system is the existence of numerous examining bodies; Sir JOHN would add another.

We will only notice one other feature of the Bill—what we may call the Chinese feature—the determination of appointments, even Poor-law ones, by competitive examination. To say nothing of the wisdom and the taste of subjecting men in practice to competitive examinations, as if they were still boys or students, we think this scheme quite impracticable. It is inconceivable that it should consist with either the convenience or the dignity of a national examining board to make it the arbiter of every little appointment in the country.

We thank Sir JOHN GRAY for having directed public attention to the inefficiency of our present examining system, but we cannot congratulate him on his attempt to amend it.

Medical Annotations.

"Ne quid nimis."

THE COLLEGE OF SURGEONS.

THE meeting of the Council of the College of Surgeons on Thursday next will be remarkable in more ways than one. In the first place, it will take into consideration a report from the Medical Teachers' Association, in which it is urged upon the examining bodies to make the clinical examination of candidates for their diplomas a primary and essential part of their final examination, instead of being, as it is now at the Fellowship examination of the College of Surgeons, a very subordinate and comparatively unimportant part of the examination, whilst it is entirely ignored at the examination for the Membership. In the second place, the Council will have to consider the advisability of acceding to the requisition of the Fellows and Members which we published last week, and to which we anticipate that no objection will be offered, though many of the Council flatter themselves that it is too late for any opposition to be made to the scheme which they have concocted. Lastly, the Council will have to consider no fewer than three motions, proposed respectively by Messrs. Quain, Simon, and Humphry, all of which have relation to the constitution of the Court of Examiners of the College. It is no small evidence of the manner in which public opinion has at last made itself felt within the College precincts to find *three* proposi-

tions at once upon the paper of *agenda*, the effect of which will be to bring about the separation of the Court of Examiners from the Council, which we have always urged. Mr. Quain proposes that not less than four of the members of the Court of Examiners should be Fellows who are not and have not been members of the Council. Mr. Simon proposes that the two offices of examiner and councillor should be made disqualifications each for the other, and recommends the appointment of a committee to take legal advice on the subject, and the method of carrying the resolution into effect. Mr. Humphry proposes that one-half at least of the examiners in surgery shall be appointed from Fellows who are not members of the Council; and he, also, suggests the appointment of a committee to take legal advice upon the subject. We fear that the wording of the present charters offers an insuperable objection to the carrying out of Mr. Simon's proposition; but for giving effect to either Mr. Quain's or Mr. Humphry's resolution it is only necessary that the existing councillors should exercise a little of that self-denial which some of them are so fond of giving way to—in words.

CONTAGIOUS DISEASES ACT AND THE "FORTNIGHTLY REVIEW."

THE Editor of the *Fortnightly Review* regards with much less disfavour than the majority of publicists the admission of ladies to equal rights with the male sex in the matter of political representation and influence on affairs. His opposition, therefore, to any association which they may form for the repeal of enactments supposed by them to be mischievous will be found to rest chiefly on the crude and unscientific views for which the association in question seeks practical embodiment. In "A Short Letter to some Ladies" in the new number of his *Review*, he justifies his non-compliance with the request that he would enrol himself among the supporters of the Ladies' Association for the Repeal of the Contagious Diseases Acts. After an incidental tribute to the "masterly letter of Miss Garrett," as proof of the absurdity of the notion that women are unfitted for political questions by their incurable vice of importing sentiment into science, Mr. Morley proceeds to dispose of the *momenta* of the ladies' manifesto in detail. That document denounces the Acts "in that they have no regard to remoter causes of sin." On this principle, he replies, opposition might have been made to the Act abolishing the slave-trade, because it did not attempt to abolish slavery. He shows the ineptness of their argument that "resistance to authority under these Acts is punished"—as if laws were made to be infringed! To their objection that "a standing army, and a long term of military service, have been assumed necessary," he replies that we have to do, not with the expediency of standing armies, but with the health of soldiers. Surely nobody, he justly contends, thought it wrong to relieve our suffering troops in the Crimea, because he held the war with Russia to be a crime. The manifesto impugns the Acts for "indirectly admitting prostitution to be a necessity"; against which, he thinks—with us—that it is sufficient to argue that the "Acts recognise prostitution as a fact." But the most effective part of his letter is that which disposes of the shallow trope: "We resist the admission [of prostitution as a necessity] with all the strength of our belief in the sanctity of pure and faithful love, and in the progress of the human race." We confess there is something dismally *naïf* in these words; while there is a gleam of fun in our ultra-radical's dissuasive from a too early provision of the millennium. Why talk of "progress" while a foul distemper is even at this moment planting seeds which shall multiply and replenish the earth with diseases for generations yet unborn? Are we to wait till the Satyr bids a final farewell to man? Again; whence come the unfortunates of both sexes who swarm in our garrison towns, but from the agricultural districts—"the estates of pious evangelical noblemen and others in Dorsetshire"—where the brutalising process has been in operation till they are absolutely irreclaimable? Why ignore the actually "barbarian" condition of masses of men and women, and the wholesomely coercive plans of civilising them in spite of themselves? Why sacrifice the future, with all its hopes, to this cruel tenderness for the worst features of the present? Mr. Morley reminds the ladies that reform, like charity, should begin at home, and sees the most effective cause of the misbehaviour of vicious women in the misconduct of virtuous ones. Who so merciless, so indiscriminately austere, as the English lady to the sister who, having once fallen, tries to set herself socially right again? What households (he asks) are more conspicuous than those of the middle and upper class English for the harsh and inhuman reserve which places men and women in the kitchen on pretty much the same footing as the horse in the stable or the dog in the kennel? There is no greater cause of prostitution than the eleven—often fourteen—hours' work by which the girl, "well paid at eighteenpence," ministers to the monstrous vanity of her wealthier sisters. The "practical contempt for womanhood," complained of in the Acts, is seen "every hour of the day, in its supreme form, in the leaden inconsiderateness of nine ladies out of ten for their dressmakers, domestic servants, nurses, and dependants generally." Let these ladies who are now banded to repeal the Acts, elevate the significance of the family and of all forms of service, and employ their energies in diffusing ennobled ideas of labour, and they will do more to attain their end than is possible for this ill-conceived and ill-assorted Association. The immediate result of success in their present crusade will be a "continuance of what is the worst kind of cruelty to animals," inasmuch as it is human beings whom that indifference of the Legislature for which they agitate will affect; and it is the absolutely innocent on whom it will come the heaviest of all. Mr. Morley's words are weighty, and will reinforce with signal effect the labours of the profession to tread out the most disastrous of modern distempers.

HEALTH OF THE NAVY.

THE medical Director-General of the Navy has recently shown a great amount of decision and energy with reference to matters relating to his own department, and it is pleasant to find that statistical particulars as to the health of the Navy are now likely to be forthcoming at a reasonable time after the period to which they refer. A Blue-book containing notes of events that occurred three years previously can hardly under any circumstances fulfil usefully the purpose for which it was intended. The statistical abstract of the health of the Navy, just published, relates to the year ended June, 1869; and it appears, from the report presented by Dr. Mackay to the Director-General, that, as compared with many former years, a great decrease in the death-rate has taken place. During the twelve months over which this Report extends, the total force amounted to 50,405 men and boys. A total of 60,122 cases was entered on the sick-list, which is in the ratio of 1193·3 per 1000 of mean force, showing a decrease, as compared with the previous year, amounting to 99·4 per 1000. There was, however, a slight increase of sickness on the home stations, and a considerable increase on the Australian, owing in the latter case to the frequent visits of some vessels of the squadron to the South Sea Islands. It appears, from a comparison of statistics as to degrees of health maintained on board ironclad and other vessels, that the former held a favourable

position, and that the highest ratios of cases were in the gun vessels, sloops, gun-boats, and troop ships, the maximum obtaining in the vessels employed in the conveyance of troops to and from India and Suez, though the crews of troop ships employed elsewhere appear to have been particularly healthy. A total of 1563 persons were invalided during the year, and 421 deaths occurred, of which 295 were occasioned by disease, and 126 by injuries of various kinds, and drowning. We trust that this "early" Report is the forerunner of others that will follow with equal promptitude.

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE annual meeting of the Royal Medical and Chirurgical Society was held on Tuesday last in a very thin house, owing no doubt to the inclement weather. Dr. Burrows, the president, delivered an address, which contrasted favourably with those of some of his predecessors in the important matter of brevity. He alluded to the Fellows of the Society who had died during the preceding year—an unusually short list; especially referring to the lives and labours of Dr. Birch, Mr. Thomas Callaway, Sir Charles Hood, Dr. Archer of King's Lynn, and Mr. Alex. Bruce. Dr. Burrows then spoke of the scheme of amalgamation with other societies, and expressed his personal satisfaction at the recent vote of the Society refusing to separate medicine and surgery in distinct sections. He referred to the history of the Society, and attributed the want of activity on the part of many of its Fellows to three causes: 1st, the establishment of a weekly medical press, in whose columns many writers preferred to seek a larger audience than they could hope for in a society; 2nd, the establishment of hospital reports at several of the metropolitan hospitals, by which many of the most active workers of the profession were drawn off; and 3rd, the formation of new societies, as offshoots from the parent Society, in which the sympathies of many were centred.

The following is a list of officers who were unanimously elected:—President: Dr. Burrows, F.R.S. Vice-Presidents: Dr. H. A. Pitman, Dr. G. Johnson, Mr. G. D. Pollock, Mr. J. A. Bostock. Treasurers: Dr. P. Black, Mr. J. Birkett. Secretaries: Dr. W. Ogle, Mr. T. Smith. Librarians: Dr. T. K. Chambers, Mr. C. Brooke. Other Members of Council: Drs. J. H. Davis, S. O. Habershon, C. Murchison, J. Russell Reynolds, J. Burdon Sanderson; Messrs. T. Holmes, J. Hutchinson, J. R. Lane, A. Noverre, T. S. Wells.

ON THE FUNCTIONS OF THE TRACHEA IN THE ACT OF RESPIRATION.

SOME interesting observations on this point, by Dr. Leven, appear in the just published part of Dr. Brown-Séquard's *Archives de Physiologie*. Dr. Leven remarks that up to the present time most physiologists have regarded the trachea as an inert conduit for the passage of air. Nevertheless, sudden death has occurred on various occasions during the operation of tracheotomy; and fractures of the larynx have frequently induced sudden death, without any exact physiological explanation ever having been advanced. His observations, however, have led him to form certain conclusions to the effect that the trachea is not an inert tube, but that it is intimately associated with the medulla oblongata in its function through the pneumogastric nerves, permitting the passage of air, and therefore, also, the entrance of oxygen, which intermittingly excites the periphery of the pneumogastric nerves, and maintains the medulla oblongata in a constant state of activity. He grounds these conclusions on the facts:—1. That a ligature applied around the trachea which effects a slight constriction of its calibre, instantly retards the respiratory movements. 2. A strong ligature, suddenly applied, so as altogether to occlude the passage of air, stops at once both respiration and circulation; sudden death follows, preceded only by one or two convulsive efforts. 3. It is through the pneumogastric nerves that the impression received by the trachea is conveyed to the medulla. 4. This is proved by the fact that if the pneumogastrics are divided before tying the trachea, the application of the ligature does not produce sudden death. The animal then dies asphyxiated by carbonic acid. 5. Moreover, if after incompletely ligaturing the trachea, the coma of carbonic acid be induced, the respiratory act can still be retarded by tightening the ligature, or may be brought to a sudden stop by occluding the calibre of the tube. 6. These experiments have a direct bearing on various pathological conditions, and upon asphyxia in general, teaching us—7. That we should not confound asphyxia produced by carbonic acid with asphyxia caused by strangulation, nor either of these two with the asphyxia of submersion, since the pathogeny of each is different. 8. Although doubtless the presence of carbonic acid in the blood is superadded as a cause of death, in the asphyxia of strangulation and submersion it is only a subsidiary and secondary cause. 9. Death by hanging is due to compression of the trachea, from the excitation of the pneumogastric, consecutively to irritation of the bulb. 10. Death by drowning is due to the fact that, the trachea no longer receives the oxygen of the air, and hence the pneumogastric is no longer excited; the medulla oblongata consequently remains passive, and life is suspended by the arrest of the circulation and respiration, after the animal has made three or four respirations, induced by the oxygen still contained in the bronchi. 11. Thus it would appear that the asphyxia produced by hanging and by drowning rather merits the name of syncope, if the distinction between these two clinical terms could be preserved, and if the greater number of supposed cases of asphyxia were not cases of true syncope of a different kind. Asphyxia by hanging is due to an irritation of the bulb; that by drowning to inertia of the bulb.

"HOSPITAL SUNDAY."

WE are much indebted to Dr. Henry Barnes, of Carlisle for the information he has given us relative to the institution of "Hospital Sunday" in Carlisle, showing as it does how much can be done by one able and energetic man in promoting a good work, if he sets his mind to it. Dr. Barnes induced the local journals to reproduce in their columns our article on the subject of the 5th December, and to advocate the scheme for Carlisle; he himself having previously urged the Governors of the City Fever Hospital to take the matter up. In conjunction with the mayor, Dr. Barnes next proceeded to call upon every clergyman and minister in the city and neighbourhood, whose promise of co-operation was very generally given, the bishop of the diocese and other influential persons being also favourable to the movement; and a public meeting will shortly be held to appoint a working committee, and to decide upon which Sunday in the year will be most suitable for the object in view. The charities named for participation in the distribution of funds are the City Infirmary, the Dispensary, the Fever Hospital, and the Cumberland and Westmorland Convalescent Institution at Silloth. "Hospital Sunday," then, bids fair to become an accomplished fact in Carlisle, thanks especially to the praiseworthy exertions of Dr. Henry Barnes.

In Bristol, the General Hospital and Royal Infirmary have participated every year since 1861 in congregational collections, made for those two institutions on the second Sunday in January. The proceeds in 1868 were £712, and last year they were augmented to nearly £1100, a substantial increase

which, however, does not bring the amount up to the Birmingham standard. This fact tends to confirm the opinion we have before had occasion to express, that the principle of a general distribution of the funds is the one most calculated to promote universality in the contributions.

The secretary of the Bristol Infirmary has communicated to us some facts which show how immensely superior are the advantages to be derived from a united effort as compared with any isolated endeavour to induce charitable persons to contribute towards the support of public institutions. In the year 1855 the Infirmary received, as the proceeds of collections at places of worship, the sum of £9 13s. 6d.; in 1857 the amount was £60; while, under the system of simultaneous collection, its share in 1861 was £675, and £620 in 1869. "I observe," the secretary says, "from the character of the coins received, that it brings in the half-crowns, shillings, and sixpences, which the donors would not think it worth making a special visit to the charities to present."

Correspondents have obligingly enabled us to state that "Hospital Sunday" in a restricted sense is observed at Kidderminster for the Infirmary, at Lowestoft for the Infirmary, at Sunderland for the Infirmary, and at Belfast for the General Hospital.

We venture to urge that what has been found to work so well wherever it has been tried, even on the smallest scale, and with a limited application, would yield commensurate results if it were tried on the comprehensive basis we have previously suggested. Surely London will not consent to be beaten in a charitable work by its smaller sister-cities and towns, Birmingham, Bristol, and Carlisle.

NEW LUNATIC ASYLUM FOR THE COUNTY OF MIDDLESEX.

MR. SECRETARY BRUCE has addressed a letter to the magistrates of Middlesex, urging upon them the imperative necessity of providing additional asylum accommodation for pauper lunatics, at the earliest possible period. The representations of the Lunacy Commissioners to Mr. Bruce are so pressing, that he hopes that steps may be taken at once to remedy the evil, without the necessity for his further interference.

We have continually pointed out the difficulties which surround this question, and the necessity for new action. The cruelty of exporting paupers into Yorkshire and Cumberland, far away from all their friends and relations, is so obvious, that it ought at once to be put a stop to; whilst the detention of acute cases in workhouses, for want of room at Hanwell and Colney Hatch, is both improper and extravagant. The magistrates have appointed a committee to consider the whole question, and we look forward with considerable interest to their report.

PATENT MEDICINES.

THE Council of the Pharmaceutical Society have abandoned their intention, at least for the present, of seeking for the abolition of the patent medicine stamp and licence. At their meeting in February they resolved,—

"That the Commissioners of Inland Revenue be informed that, on further consideration of the question, the Council find among the body they represent such difference of opinion that they are unable to make any strong recommendation on the subject; while at the same time they have no doubt of the very great importance of existing laws, if not repealed, being more distinctly defined, and of their being prevented from being made a means of evading the Pharmacy Act in the sale of poisons."

It is anticipated that at the annual meeting of the Society, to be shortly held, the subject of patent medicines will give rise to considerable discussion. We believe that the chief ground upon which the Council of the Pharmaceutical Society object to seek for an abolition of the stamp and licence is, that such abolition would only increase the number of quack remedies, and to an incredible extent, for every village grocer and huckster would then be able to sell his twopenny and threepenny packets of proprietary panaceas. There is much truth in this, and consequently, in order to secure the real interests of the public, it would be necessary to prevent the sale of drugs by any save a duly qualified apothecary or pharmaceutist. This is not likely to be effected by legislation for some years to come. Meanwhile, short of such a step, the only thing that can be done is to equalise the licence tax, and to apply what are known as "the poison clauses" of the Pharmacy Act to all patent medicines."

SEWAGE IRRIGATION AT LEICESTER.

THE municipal authorities at Leicester are taking steps to carry out a system of sewage irrigation. For some years past the sewage of this important town has been subjected to the lime process, but the results have been by no means satisfactory, the loss sustained being not less than £1200 a year. Mr. Baldwin Latham, C.E., has sent in a scheme by which it is proposed to intercept a large proportion of the sewage, and apply it, by natural gravitation, to a tract of country of about two thousand acres in extent, whilst a smaller quantity will require to be raised by pumping to a sufficient level for distribution upon land also conveniently placed. The total cost is estimated at £23,000, and the annual expense of working at £6312. He estimates the receipts at £9750, thus showing a very handsome profit. It is proposed to let the sewage in portions to agriculturists, so as not to interfere with the proper business of land cultivation. We consider this last proposal to indicate a great advance in the state of public opinion on this important subject. We believe that the time is at hand when farmers and landowners will regard the scientific application of sewage as part of their necessary education and their daily business, when no good tenant will consider his farm perfect without an established connexion with the sewer of the neighbouring town,—when, in fact, the farmer will think a supply of sewage of greater importance than ordinary manure. We have always regarded the purchase of land by municipal bodies for irrigation purposes as a temporary measure, and we congratulate the town of Leicester upon its boldness in relying upon the intelligence of the landowners and occupiers in the neighbourhood, since these gentlemen have not always appreciated their true interests.

SURREY COUNTY HOSPITAL.

THE annual meeting of the governors of the Royal Surrey County Hospital was held last week, when from the report it appeared that, while the contributions of 1869 had fallen considerably below those of 1868, the expenditure had increased, and had, in fact, exceeded the income by £607 The committee evidently wish for the institution of "Hospital Sunday," and we recommend them to put that wish in the way of realisation by at once issuing an appeal to the ministers of religion throughout the county; above all things, they should bring personal influence to bear by securing the co-operation of influential persons in all the principal towns. The thanks of the governors were warmly accorded to the medical officers of the hospital; and Mr. H. S. Taylor, in acknowledging the compliment, took occasion to call attention to certain imperfections in the hospital arrangements, especially instancing the want of a separate building for infectious cases.

COTTAGE HOSPITALS.

MEMORIALS have lately been attacked as of questionable propriety; but surely when they take the form of cottage hospitals the iconoclast will stay his hand? The Marquis of Westminster is to be commemorated at Shaftesbury by the erection of one of these institutions for the benefit of the neighbourhood. The movement is, of course, in admirable keeping with the character of the late Marquis, and the direction which his activity took; but we submit there could be no happier method of doing honour to the deceased philanthropist, of whatever kind, than the perpetuation of his life-long predilection by the establishment of cottage hospitals.

SIR JOHN GRAY'S BILL.

THE second reading of Sir John Gray's Medical Acts Amendment Bill is deferred from Monday, the 28th ult. till Wednesday, the 30th inst.

EDINBURGH INFIRMARY.

THE interdict asked by Messrs. Ballantine and Paterson against the Merchant Company and Governors of George Watson's Hospital selling the buildings and grounds of the hospital as a site for the Edinburgh New Royal Infirmary has been refused by Lord Ormidale.

COMPENSATION TO OFFICERS OF DISSOLVED UNIONS.

IN the Bill introduced by Mr. Goschen, entitled the Dissolved Boards of Management and Guardians Act, provision is made for the payment of compensation, and superannuation allowances, in conformity with the provisions of the statute applicable thereto. This clause will remedy the injustice to which we drew attention three weeks ago, and will enable the Poor-law Board to compensate medical officers who may be deprived of their permanent appointments by the annexation and dissolution of unions.

THE MAIDSTONE ELECTION.

MR. FOSTER WHITE has been beaten by Sir John Lubbock. We might have supposed that Mr. Foster White has already enough of work upon his hands, and indeed we would urgently commend the reformation of the charity over which he exercises so much control as a preliminary, which, when accomplished, would well qualify him for the higher honour. We congratulate Maidstone upon the election of Sir John Lubbock.

SEWAGE VERSUS BREAD.

THE paper read by Mr. W. Hope, V.C., at the Society of Arts last week, on Town Sewage, was full of interest to sanitarians. Mr. Hope estimates the waste of sewage now going on in this country to represent a loss of at least 400,000,000 of quartern loaves annually.

THE President of the Royal Society, General Sabine, will hold his first reception of the present season this evening (Saturday, March 5th).

ON Thursday, the 24th inst., a *conversazione* was held in the hall of the Royal College of Surgeons of Edinburgh, when Dr. Watson Wemyss delivered an interesting lecture on the Construction of Hospitals for the Sick and Hurt. The lecturer was of opinion that the late discussions on hospitalism must tend to modify the construction of such buildings in future, and recommended that a Fever Hospital, a Maternity Hospital, a Lock Hospital, and a Lunatic Hospital should each have a separate locality, and be situated at a distance from a general hospital for the sick and hurt.

IT is rumoured, and we have reason to believe correctly, that her Majesty has been pleased to signify her wish to open the new building of the University of London in person. The event will take place, in all probability, in the month of May next.

WE understand that the honorary fellowship of the Royal College of Surgeons of Ireland will shortly be conferred on Mr. Brady, M.P.

THE Royal Northern Sea-bathing Infirmary is in a flourishing condition, its revenue for the past year exceeding that of 1868 by nearly £200. During the last season the Infirmary received 466 patients, of whom 246 were from the West Riding, 155 from the North and East Ridings, and 65 from other parts of England.

RELAPSING FEVER has manifested itself in New York somewhat unexpectedly. Dr. Harris, the sanitary superintendent of the city, has published a list of 166 cases verified by the medical officers of the Board of Health. We gather that the same defect exists in the sanitary organisation of New York as we have to lament here—namely, the absence of returns of sickness; for it is said that the disease has existed in the city for weeks unsuspected.

THE subscription list for the testimonial to Dr. Evans, of Birmingham, already shows a total of sums promised amounting to more than £600.

SMALL-POX continues to be excessively fatal in Paris, 79 deaths having occurred from that disease last week, and 83 in the week preceding.

A SUM of £500 has been given by Henry Brennan, Esq., towards the funds of the Adelaide Hospital, Dublin. That gentleman has been unanimously appointed a vice-president of the institution.

WE learn that foot-and-mouth disease has lately broken out in its most virulent form in Devon, and that a flock of five hundred sheep, besides numerous bullocks, are at present suffering from this contagious disorder.

SIR JOHN GRAY'S MEDICAL BILL.

WE are kindly permitted by Sir John Gray to give an analysis of the Bill which he is about to bring in.

The Bill consists of three parts. The first two parts consist of thirty-one paragraphs. The last part is shorter. It is impossible to give the whole Bill in our limited space; but we shall try to specify with accuracy its principal provisions, and, in another column, we shall give an opinion of it as a measure of medical reform. We shall distinguish by italics the most noticeable parts of the Bill.

Name.

It is proposed to call the Act, "The Medical Acts Amendment Act, 1870." The various Medical Acts that have been passed of late years are to be incorporated with this Act, and they shall be construed together as one Act, and they shall continue to be of as full force and authority in all respects, save in such as they are altered and modified by this Act, or inconsistent with its provisions, as if this Act had not been passed.

The General Medical Council.

It is proposed to call the General Medical Council, as altered by this Act, the "General Council of Medical Education, Examination, and Registration." Its constitution is

to be modified, and its powers are to be enlarged. For brevity's sake, the Council is called in the Act the "General Council." The General Council shall, after this Act shall be brought into operation, consist of the following members:—One member chosen by each of the bodies named in clauses 4 and 5 of the Medical Act (1858), as in said Act provided; six persons nominated by Her Majesty, as in said Act provided; and *twelve medical practitioners, registered under this or the previous Acts, who are to be selected by the votes of the medical practitioners (registered) in the three divisions of the kingdom—six for England, three for Scotland, and three for Ireland. The voting is to be done by voting papers, which are to be procured on application to the Registrar for the small sum of one penny.* The Council so elected shall hold its annual meeting, *in rotation, at London, Dublin, and Edinburgh.* There is a fine Irish touch in the order of places. The Council, so enlarged, is to be the legal successor of the present Council, and to inherit all its property.

Remuneration of Members of Council.

The members of the Council are not to be paid out of the funds of the Council. The members representing corporations are to be paid by their respective corporations, if paid at all. That is to say, it shall be lawful for (Part II., Clause 27), but not obligatory upon, the corporations—and the same applies to the general practitioners—to pay their representatives, or at least to pay them their expenses. The Privy Council shall pay the members nominated by her Majesty.

A Board of Examiners.

The Council constituted as above is to meet soon, and at its first meeting "the General Council will proceed to *elect or appoint twelve persons to be examiners* (each of whom shall hold office for three years), and state the terms, and conditions of the appointment, and the qualifications. Six of the examiners shall be medical practitioners, registered as residing in England or Wales, three as residing in Ireland, and two in Scotland respectively. Of the twelve examiners eight at least shall respectively be the medical officer of a medical or surgical hospital, *two shall be teachers or lecturers on Chemistry, and two shall be teachers or lecturers on Materia Medica or Therapeutics.*" *The election of such examiners is to be by open voting, the voting papers to be recorded and reported to Parliament. In addition to the twelve members of the Examining Board to be chosen by the Council, there are to be six chosen by her Majesty's Privy Council.*

Examinations to be Periodical and Peripatetic; and the Conditions of Examination.

The Board of Examiners so appointed, or a committee of them, are to hold periodical examinations successively, in London, Dublin, and Edinburgh, and to examine all candidates who have paid the necessary fees, and *who shall possess any of the qualifications which would entitle him to be registered as a medical practitioner under the recited Acts, or any of them, had this Act not been passed,* or under any order issued by the General Council, in accordance with the provisions of this Act. *No person shall be placed on the Register* of medical and surgical practitioners, who shall not have been examined by the Board of Examiners, or the committee of them. Special and long paragraphs are devoted to the statement of means to be taken by the examiners to ascertain the skill and ability of students in practical and every-day matters. Rules for the guidance of the examiners are to be framed by the General Council. *A series of medical and surgical cases are to be examined; a series of operations are to be performed on the dead subject; bandages and splints are to be applied; and the uses of ordinary instruments are to be explained and demonstrated.*

All Vacancies in the Poor-law and other Medical Civil Services to be filled up by Competitive Examinations.

After the Board of Examiners shall have been appointed under this Act, all vacancies occurring in Poor-law and other civil medical offices in the United Kingdom, the occupant of which is, in whole or part, paid by the State, or from the public rates of any locality or district in the United Kingdom, shall be open to competition by all registered practitioners; And at its first meeting the Council shall name a Committee for conducting such competitive examinations in each of the divisions of the United Kingdom herein defined. Rebellious Boards of Guardians, or other bodies in whom the right of appointment is now vested, are to be compelled by mandamus or other equivalent orders to appoint the person who has best stood the competitive test.

Foreign and Colonial Degrees, &c.

It shall be lawful for the General Council by special order to dispense with such provisions of the Medical Acts as to them shall seem fit in favour of persons applying to be admitted *as candidates for examination and registration,* under this Act, in virtue of foreign or colonial diplomas or degrees, or other foreign or colonial authorisation to practise in the country or colony in which the same may have been issued. The Privy Council is to have a similar power, subject to objection by the General Council.

Penal Clauses.

Clause 31 provides that the Attorney-General for England and Ireland, and the corresponding officer for Scotland, shall, on representation from the General Council, or the Branch Councils, and in concert with such Councils, direct a case to be drawn, on the part of the Crown, by the ordinary Crown prosecutor of the district, and if, thereafter, he think that this Act, or any of the recited Acts, has been violated, or that designations have been used falsely, he shall order proceedings to be taken at the expense of the Crown for the conviction of the alleged offender. The penalty not to exceed £20.

MODE OF ELECTION OF THE MEDICAL COUNCIL.

THE following questions have been addressed to the various universities, colleges, and corporations, by the Medical Department of the Privy Council:—

"1. What board or body of persons acts, under the 4th section of the Medical Act, as the Royal College of Physicians, in choosing a person to act on behalf of the same in the General Medical Council?

"2. Of how many members does this electoral board or body consist?

"3. By what constituency (if any), are the members of the electoral board or body appointed? or what other qualification gives a vote?"

THE WELSH FASTING GIRL AND THE MEDICAL COMMITTEE.

DURING the past few days, a new chapter has been opened in the story of Sarah Jacobs, the so-called "Fasting Girl." A magisterial investigation was commenced on Monday at Llandyssil, when the parents of the girl and the members of the medical committee, who undertook to visit the girl during the watching, were charged with no less serious an offence than that of "killing and slaying" Sarah Jacobs. The persons summoned were: Evan Jacob (father of the girl), Hannah Jacob (his wife), and the following gentlemen who constituted the medical committee:—Mr. Henry Harris Davies (surgeon), Llandyssil; Charles Cæsar Corsellis, M.D., a retired physician; Thomas Lewis, M.D., a borough magistrate; Mr. John Hughes (surgeon), a borough coroner and magistrate; Mr. James Rowlands (surgeon), one of the county coroners and a magistrate.

Mr. Coleridge, of the South Wales Circuit (who appeared for the Crown), made a very lengthy speech in opening the case for the prosecution, in course of which he said that the Solicitors to the Treasury had an idea at one time of summoning the whole of the members of the committee who undertook the watching, but they had now come to the opinion that the exigencies of the case would be met if the medical gentlemen were summoned. In sketching the history of the girl, he referred to a letter which was written to THE LANCET in reference to the state in which the girl was lying, and which was copied into other papers. When visited subsequently by Dr. Hughes, of Llandovery, no sores were found on the girl's back or about the body; but

on Dr. Hughes applying his ear to her stomach, he heard a gurgling sound, which was a certain sign that there must have been some fluid food passing through it. Alluding to the large cavity under the girl's arm, Mr. Coleridge suggested the theory that a bottle containing some strong nutriment was concealed in it. It was suspicious that the parents said the girl's left side was paralysed. Passing on to the recent watching, Mr. Coleridge characterised the rules drawn up by Dr. Phillips as being very sensible; the directions were that the child was to be watched to see if she partook of food, not that she should be prevented from taking food. The committee went beyond this, for they carried on the watching in such a way as to prevent the child receiving food. As to the medical men, he (Mr. Coleridge) was instructed that there were one or two doctors on the committee who really believed in the possibility of the child living without food; the others did not believe it possible. He thought those were most culpable who disbelieved it, because they should have taken greater precautions against anything serious supervening. He brought the responsibility home to the doctors thus:—The doctors were appointed by the committee, and accepted the watching. They had failed in their duty in not giving instructions to the nurses to give food to the child when they saw she was sinking. On the Tuesday, two days before the death, the vicar of the parish (who had been a strong believer in the story until a day or two before) saw that the child was flushed and distressed, and observed a striking difference in the appearance of her countenance. Dr. Corsellis also saw her, and agreed with the vicar, and that she was weak, but added the remark that there "was a chance for her." He (Mr. Coleridge) was sorry Dr. Corsellis was not present to explain what he meant by that remark. [Dr. Corsellis, the only defendant not present, had written to the bench, stating that it was impossible for him to be present on that day.] The watching should have been put an end to when these symptoms were observed, and the child treated accordingly. Mr. Davies, surgeon, seemed to accede to the remark about the girl's state, but offered no food. Mr. Hughes said the child was in danger. He should have gone further, and have seen that food was given—by force, if necessary. The case against the medical men was this: persons combining together for an illegal purpose, by which conspiracy death happened, were guilty of manslaughter. The watching committee was an illegally constituted body; the medical men entered into an illegal contract with that body; hence the doctors were responsible for the result, namely, the girl's death. He concluded by saying that the girl had been sacrificed, and in reality had been experimentalised upon by the medical men, and that fatally.

In a conversation which ensued, Mr. Coleridge said that the longest time of fasting without water was eight days; with water, twenty-one days.

On the application of Mr. Hughes, (surgeon), who complained that the summons was only served upon him forty-eight hours previous, the case was adjourned to Thursday.

AMENDMENT OF THE MEDICAL ACTS.

THE following communication has been submitted to the Home Secretary, by the President of the Medical Reform Union.

[COPY.]

7, Waterloo-street, Birmingham.

SIR,—I have the honour to request that you will be pleased to name a day when I may wait upon you with a deputation, to present a memorial from 9724 legally qualified practitioners in England, Scotland, and Ireland, praying for an amendment of the Medical Acts.

Your memorialists hope that you may think fit to make arrangements for the Medical Officer of the Privy Council to be present when you receive the deputation.

I have the honour to be, Sir,

Your obedient humble servant,

BELL FLETCHER,

President of the Medical Reform Union.

The Rt. Hon. H. A. Bruce,
Her Majesty's Secretary of State for the Home Department.

DR. EDWARD DAVIES has been appointed J.P. for the Borough of Wrexham.

Correspondence.

"Audi alteram partem."

ON THE AMALGAMATION OF THE BRITISH AND INDIAN MEDICAL SERVICES.

To the Editor of THE LANCET.

SIR,—When the question of amalgamating the medical departments of the British and Indian armies was under discussion, I urged the propriety of the measure through every channel open to me. When it was decided that the two services were to remain apart, I became, as was fitting, silent—silent, but not convinced. I gather from the Indian journals that a reconsideration of this question has been called for, presumably because experience has proved the system of a double service and administration to be costly and inefficient.

This being the case, I venture to ask for space once more to show cause in favour of amalgamation.

It is notorious that when this matter was under discussion some years ago, the Governor-General in Council, and the then Secretary for India and his Council of experienced Indian administrators, were strongly on the side of a single service. So far as I have been able to ascertain it, this too was the side taken by the officers in both services whose opinions on such a point were entitled to most weight. It was with a view to facilitate amalgamation that the Secretary for India suppressed the Medical Funds in the three presidencies—noble institutions, which had long conferred invaluable benefits on the medical officers of the army in India, and also promoted the best interests of the State by attracting to its service a body of capable men who served it well. This great sacrifice has hitherto been made in vain.

What were the objections to amalgamation which prevailed against such a weight of authority on the other side? Let us state and examine them.

1. It was urged, "that British soldiers should be treated when sick by British medical officers, acquainted with their habits, constitutions, and diseases." Now, not to dwell on the fact, somehow left out of sight here, that the medical officers of the Indian army are "British" themselves, taught in the same schools, by the same teachers, as their brethren, this objection was urged in apparent ignorance of another fact—viz., that in past days much of the medical duties of the British army in India was done by medical officers of the sister service. Every assistant-surgeon, on arrival in India, was sent to do duty with one of her Majesty's regiments, and whenever any pressure of duty fell, a call was made for assistance from the Indian service, which was invariably complied with. The writer spent five consecutive years in duty of this kind, and, when he had been less than two years in the service, was placed in sole medical charge of a wing of one of her Majesty's regiments on a march of 400 miles. If there be any meaning in the objection under notice, it amounts to this, that the Nicholsons, Twinings, Martins, Moreheads, Cheverses, Grants, Goodeves, Fayrers, Shaws, Pauls, Cornishes, Macphersons, *cum multis aliis* of the three Presidencies, cannot be trusted to treat tropical diseases in the persons of their own countrymen, because they have widened their field of experience by studying the same diseases as they occur in other races! When this or something equivalent to it has been stated in my presence, I have sometimes been tempted to ask, Does an ague in an Asiatic begin with the sweating, and end with the cold stage? or do we find the femoral artery in the same race coursing along the surface of the sartorius muscle?

2. The next argument against amalgamation was based on the fact that medical officers in the service of India are much employed in civil duties. From this it was inferred "that they become, *ipso facto*, disqualified for military duty and impatient of military discipline." The easy answer is, that in our wars in India it is well known that medical

officers, when recalled from civil to military duty, were not only as efficient as their brethren, but that, as a rule, they proved the best surgeons and most expert operators, and for reasons which to the well-informed are obvious: civil surgeons in India see more practical surgery in a month than their regimental brethren in time of peace do in years of service. As for the insubordination part of the argument, it must have been drawn out of someone's "moral consciousness." I am sure I never heard of it in India; and I take leave to add that if a commanding officer, with the Mutiny Act in one hand and the Queen's Regulations in the other, cannot deal with a "bumptious" and insubordinate doctor when he comes across him, the sooner he is relieved of his command the better.

3. The third obstacle or lion in the path is the Act of Parliament under which Asiatics, duly qualified, are admissible to the medical service of India. This, I submit, is what in America would be called a "bogus" objection. Admitting that it would not be expedient to appoint Asiatics to British regiments, there is no difficulty in the matter at all; the Government of India can find abundance of occupation for this highly meritorious class of medical officers in civil appointments. While on this subject, I cannot forbear mention of a fact, observed, not by me only, but by many of my brother officers at Netley: we have never noticed, on the part of our patients, the smallest repugnance to being attended in sickness by natives of India going through the course of instruction in the Army Medical School; indeed, quite the reverse. Satisfied that their doctors are men of skill, kind and humane, we have observed no disposition on the part of our invalids to be curious or critical about their colour. But it is needless to discuss the question. I never heard that it was even proposed to employ natives of India in this way.

These are the only arguments, or ghosts of arguments, I ever heard brought forward against amalgamation; yet, curiously enough, they prevailed, and made shipwreck of Lord Halifax's scheme, backed as it was by all the influence of Lord Lawrence when Governor-General of India. On the strength of them India has been, and is, inflicted with a double medical service and administration, found on experience, as I am assured, wellnigh intolerable, burdensome to the finances, and in every way hurtful to the interests alike of both services and the public. Can anything more preposterous be imagined than that a General in command should have the hard necessity laid on him of consulting two men instead of one when he needs an opinion on medical and hygienic questions, one speaking on behalf of white, the other of black, men? Is it conceivable that any real necessity for such a thing can exist?

Look at it from another point. We see cropping up in the medical journals in India evidence of a growing estrangement, much to be deplored, between those employed in the sanitary service of the State and executive medical officers of both services. It is hinted that the former are now the almost sole advisers of those in authority. Can it be that the said authorities, worn out by the necessity of taking counsel on the same question with two heads of departments, where one would suffice, are getting into the habit of consulting neither? I have a strong suspicion that it is so.

Nor does the evil stop here. Instead of a "united service," a body of officers serving the State with one heart and one mind, we hear of divisions, jealousies, heart-burnings, not conducive, as may be supposed, to harmony or efficiency.

I respectfully ask, in conclusion, what is gained by all this? What interests, public or private, are served by it? We have heard much lately of the Upas tree. Truly here is a Upas tree poisoning the air. Let us hope that the outcome of the negotiations said to be contemplated will issue in its uprooting once and for all.

Intimately connected, as I have been, with both services, feeling as anxious for the reputation and well-being of one as for the other, I am confident that such "difficulties" as there may be in the way of welding the two services into one would vanish when honestly looked in the face. Two official gentlemen, properly instructed and empowered, might settle the matter in a day.

I am, Sir, your obedient servant,

W. C. MACLEAN.

Royal Victoria Hospital, Netley, March 2nd, 1870.

SUPERANNUATION OF POOR-LAW MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—I beg to forward a form of petition to the House of Commons in favour of Dr. Brady's Superannuation of Poor-law Medical Officers Bill, and shall feel obliged if you will publish it in your next number.

Would you also permit me to inform the medical officers that the General Orders of the House require that it should be written on one side only of the paper.

All that will be needed is to copy the form I have drawn up, sign, and forward it at once to me.

As it is most important that Dr. Brady's hands should be strengthened, in moving the second reading, by a considerable array of petitions, I do hope that medical officers generally will do so; and as my letter in last week's LANCET has brought to my knowledge several distressing cases, showing the necessity for such a provision, I confidently look forward to the support of the profession also.

A few minutes' labour, and the thing could be done.

I am, Sir, your obedient servant,

Dean-street, Soho, March 1st, 1870. JOSEPH ROGERS.

To the Honourable the Commons of Great Britain and Ireland, in Parliament assembled.

The humble petition of the undersigned sheweth—

That your petitioner (or petitioners) desires (or desire) to call the attention of your honourable House to a Bill now before Parliament.

The object of the Bill is to provide superannuation allowance to the Poor-law medical officers of England and Wales, subject to a grant from the Boards of Guardians and the approval of the Poor-law Board.

That the aforesaid medical officers have hitherto been excluded from the benefits of superannuation allowance, accorded to all other officers in the Poor-law Service.

That the reason assigned for such exclusion has been that the whole of their time is not given to their official duties. This is practically incorrect, as Poor-law medical officers are liable to be, and are, called on at all hours of the day and night to attend to the necessities of the sick poor; and if incapacitated by illness or other causes from attending personally to their duties, are required to provide and pay for legally qualified substitutes. In the opinion of your petitioner, therefore, the deprivation of superannuation grant, on such grounds, is unjust to the medical officers.

That, moreover, such exclusion is prejudicial to the interests of the public and the sick poor, as many medical officers are now compelled, by their poverty, or by other circumstances, to retain their appointments, when, from advanced age or infirmity, they are no longer capable of performing their duties efficiently.

Your petitioner, therefore, humbly prays your honourable House that, in consideration of the weighty and important public duties performed by the medical officers, the discomfort and difficulty attending the discharge of such duties, and the great risk of health and life to which they and their families are exposed, they may be considered entitled to superannuation allowance, in common with other members of the Civil Service.

And your petitioner will ever pray.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Feb. 24th:—

Birt, George Corney, Brixton.
Hill, Thomas, Souldern, Oxon.
Morton, John Henry, New Brompton, Chatham.
Roose, Edward Charles Robson, Brighton.
Thom, George, Tooting-common.
Wilson, Richard, Chelsea.

As Assistant in Compounding and Dispensing Medicines:—

Burder, Robert, Barn's-road.

The following gentlemen also on the same day passed their first professional examination:—

Bentham Paynter Morison, Whitfield Perkins, and James Reed, of Guy's Hospital.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Mr. Spencer Watson, F.R.C.S., and Mr. Brudenell Carter, F.R.C.S., have been appointed surgeons to the above hospital.

THE LEVÉE.—The following members of the profession were presented at the Levée, held on Tuesday last by H.R.H. the Prince of Wales, on behalf of the Queen:—Dr. G. S. Beatson, C.B., Inspector-General of Hospitals, on appointment as Companion of the Bath, by the Director-General of the Army Medical Department; Sir T. Galbraith Logan, K.C.B., Director-General of the Army Medical Department, by his Royal Highness the Commander-in-chief; Staff Assistant-Surgeon Dr. Kennedy Macaw, by the Director-General of the Army Medical Department; Deputy Inspector-General of Hospitals J. H. K. Innes, C.B., on return from foreign service, by the Director-General of the Army Medical Department; Staff Assistant-Surgeon Dr. Langer Carey, by the Director-General of the Army Medical Department; Dr. Alexander William Duke, Staff Assistant-Surgeon, by Field-Marshal Sir John Burgoyne; Dr. Wilson Fox, Physician Extraordinary to the Queen, by the Lord Chamberlain; and Assistant-Surgeon R. Tobin, R.A., by the Director-General of the Army Medical Department. The Levée was also attended by Sir James Alderson, M.D., Dr. Currie, C.B., Dr. Arthur Farre, Dr. Frederic Farre, Dr. Stanley Haynes, Dr. W. C. Maclean, Dr. Reginald Read, Dr. Sall, Professor Owen, Mr. Prescott Hewett, and Mr. Erasmus Wilson.

THE MEDICAL CLUB.—The usual monthly dinner took place on Wednesday last, on which occasion the chair was occupied by Dr. Lush, M.P. for Salisbury, and we were glad to notice that he was well supported by the medical men of both the metropolis and the provinces—a fact which evidences an increasing appreciation of the opportunities afforded them by the Club of meeting together from time to time, and furthering social intercourse. This point was specially alluded to with satisfaction by several speakers during the evening. Amongst those present were Sir William Fergusson, Bart., Sir John Gray, M.P., Mr. Skey, Mr. Henry Lee, Dr. C. B. Radcliffe, Dr. Tuke, Dr. Tilbury Fox, Mr. Erasmus Wilson, Mr. Gay, Dr. Morell Mackenzie, Dr. Day-Goss, Dr. Stevens, Dr. Sabben, Mr. T. Bryant, Mr. Fernandez, and Dr. Paul.

TESTIMONIAL TO DR. BARBOUR, OF THE FEVER HOSPITAL.—The nurses of the Fever Hospital have presented Dr. Barbour with a very elegant silver inkstand, on the occasion of his resigning the office of Resident Medical Officer of the London Fever Hospital. This must be, to Dr. Barbour, a most gratifying present. It comes from those with whom he has co-operated most arduously in recent years, and who are best able to judge of the skill, the kindness, and attention with which Dr. Barbour has done his duty. We could wish to see so valuable an officer as he retained where there is so much need of his services, and where there is so much danger to the life of new officers. We are sorry to hear that Dr. Barbour's health is very much impaired, and that this is due in a great measure to the immense and responsible work which has devolved upon him, and to the scanty holiday which he has had. It is most questionable policy, to say nothing of justice, which rewards such resident officers of Fever Hospitals with a most inadequate salary. Dr. Barbour has contracted every form of fever, including relapsing, in the discharge of his duty, and we should like to see some adequate remuneration offered to him, for services which have proved unexpectedly harassing and exhausting. The governors would be amply supported by public opinion in taking such a course.

THE Metropolitan Free Hospital receives a legacy of £300 under the will of the late Mr. Alfred Davis.

THE following Committee of Management of the Belfast Branch of the Royal Medical Benevolent Fund Society of Ireland, have been elected for the ensuing year:—Drs. H. Ferguson, James Moore, Wilberforce Arnold, Whitaker, Harkin, J.P., Spearing, Ross, Keown, Filson, Malcomson, Musgrave, and Professor Cuming. Treasurer, Dr. Browne (Mayor); Honorary Secretary, Dr. Stuart.

A BILL has been introduced into the Californian Legislature, prohibiting persons from practising medicine without the diploma of a medical college, or a licence from a board appointed by the State.

Medical Appointments.

ATKINS, T. D., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Milland District of the Midhurst Union, Sussex, vice G. Hills, M.D., resigned.

BAXTER, Dr. E. B., of King's College, has been appointed Physician to the Evelina Hospital for Sick Children, Southwark-bridge-road, vice R. D. Powell, M.D., resigned.

CAMPBELL, J., M.D., has been appointed Resident House-Surgeon to the South Salop and Bridgnorth Infirmary, vice G. W. Harricks, L.R.C.P.I., deceased.

CASSON, J. H., M.R.C.S.E., has been appointed a Medical Officer to the Hospital for Women and Children, Vincent-square, Westminster, vice T. M. Harding, F.R.C.S.E., resigned.

CHEYNE, W. R., M.R.C.S.E., has been appointed Resident Medical Officer at the London Fever Hospital, vice J. B. Barbour, M.D., resigned.

CROFT, J. H., M.R.C.S.E., has been appointed Medical Officer for the Stoke Lyne District of the Bicester Union, Oxfordshire.

DAVY, R., F.R.C.S.E., has been appointed one of the Surgeons to the Surgical Aid Society, Ludgate-hill.

DAWSON, W. H., M.R.C.S.E., has been appointed Medical Officer for the Cradley District of the Bromyard Union, Herefordshire.

FLOWERS, W. F., M.A., M.B., has been appointed House-Surgeon to the Leicester Infirmary.

HARDY, Mr. H. N., has been appointed an Assistant-Surgeon to the Western Ophthalmic Hospital, Marylebone-road.

HARTON, W. F., L.R.C.P.Ed., has been appointed a Medical Officer to the Hospital for Women and Children, Vincent-square, Westminster.

HOLDERNESS, W. B., M.R.C.S., L.S.A., has been appointed Surgeon to the Huntingdon County Hospital.

HUGHES, T. J., M.D., has been elected Medical Officer for the East Woolwich District of the Woolwich Union.

KITCHENER, T., M.D., has been appointed Medical Officer of Health for Chippenham, Wilts.

MACDONNELL, W., L.R.C.P.Ed., has been reappointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Feakle Dispensary District of the Scariff Union, Co. Clare.

SHEFFIELD, R. L., M.R.C.S.E., has been appointed Surgeon to the Metropolitan Free Hospital, Devonshire-square, vice S. Chater, M.R.C.S.E., resigned.

WATKINS, E. T., M.D., has been appointed Consulting Accoucheur to the Bloomsbury Lying-in Charity.

WILLIAMS, J. LLEWELYN, M.B., has been appointed House-Surgeon to the Northern Hospital, Liverpool, vice C. H. Orfeur, M.R.C.S.E., resigned.

WILLS, D., L.R.C.P.Ed., has been reappointed Medical Officer for the Landport District of the Portsea Island Union.

Births, Marriages, and Deaths.

BIRTHS.

AICKIN.—On the 22nd ult., the wife of Wm. Aickin, M.D., of Belfast, of a son.

CRONIN.—On the 24th ult., at Clapham-common, the wife of Eugene F. Cronin, M.D., of a daughter.

DICKSON.—On the 23rd ult., at Trinity-square, Tower-hill, the wife of W. Dickson, M.D., R.N., of a daughter.

GELL.—On the 27th ult., at Vivian House, Southam, Warwickshire, the wife of Alfred Scott Gell, M.R.C.S., of a son.

HUMBLE.—On the 21st of Dec., at Patagones, South America, the wife of the Rev. G. A. Humble, M.D., M.R.C.P.L., Medical Missionary, in connexion with the South American Missionary Society, of a daughter.

ORR.—On the 24th ult., at Glasgow, the wife of R. Orr, M.D., of a daughter.

PEIRCE.—On the 10th ult., at Bryn Villa, Brynmawr, the wife of J. E. Peirce, M.R.C.S.E., L.S.A., of a daughter.

WALLACE.—On the 13th of Jan., at Fort Muchee, Bhawn, Lucknow, the wife of Assistant-Surgeon J. Wallace, 62nd Regiment, of a daughter.

MARRIAGES.

GROSVENOR—MUTLOW.—On the 24th ult., at St. Luke's, Paddington, Alfred Octavius Grosvenor, M.D., M.R.C.S., of Pontesville, sixth son of Wm. Grosvenor, Esq., late of Alsager, Cheshire, to Charlotte Anne, only surviving child of James Mutlow, Esq., of Tavistock-terrace, Westbourne-park, London.

HOOD—LOCKWOOD.—On the 1st inst., at Christ's Church, High Harrogate, William Hood, Surgeon, of York, to Fanny Horner, only daughter of Joseph Lockwood, Esq., of the same city.

JEAFFRESON—CARGILL.—On the 24th ult., at the Church of the Holy Saviour, Tynemouth, Christopher Samuel Jeaffreson, Surgeon, of Newcastle, son of Samuel John Jeaffreson, M.D., of Leamington, to Constance, second daughter of the late Wm. Cargill, Esq., of Newcastle-on-Tyne.

RAYNER—HARTREE.—On the 1st inst., at Lewisham Church, Kent, Edwin Rayner, B.A., M.B., eldest son of Wm. Rayner, M.D., of Stockport, to Isabella Charlotte, eldest daughter of the late William Hartree, Esq., of Lewisham.

REISS—BLYTHMAN.—On the 24th ult., at St. Ann's Church, Wath-upon-Dearne, the Rev. F. A. Reiss, Rector of Rock, Worcestershire, to Edith Susan, third daughter of R. O. Blythman, Surgeon, of Swinton, Yorkshire.

SEARLE—NORTHCOTT.—On the 29th ult., at St. Mark's, Notting-hill, W., Frank F. Searle, M.R.C.S., F.R.G.S., to Emily, daughter of the late Joseph Northcott, Esq., of the Barton, Bridford, Devon.

SMITH—FLUDER.—On the 1st inst., at the Parish Church, Bolure, Hants, Walter Smith, M.R.C.S., L.R.C.P., of Islip, Oxon, second son of Wm. Wyke Smith, Esq., of East Moulsey, Surrey, to Alice Margaret, third daughter of the late Charles Fluder, M.D., of Lymington, Hants.

WARREN—SAXBY.—On the 26th ult., at Princes Risborough, Thomas Warren, M.R.C.S.E., to Marion, eldest daughter of J. Saxby, Esq., of Albert House, Kilburn.

DEATHS.

BROOK.—On the 10th ult., T. G. Brook, Surgeon, of Upper Clapton, aged 87.
CHESTER.—On the 17th ult., at St. Petrox Rectory, Pembroke, A. Chester, F.R.C.S.E., Staff Assistant-Surgeon Army.
HARTY.—On the 16th ult., at Nenagh, Dr. M. Harty, aged 82.
HICKS.—On the 21st ult., J. C. Hicks, M.R.C.S.E., of Berkeley, aged 72.
HILL.—On the 27th of Dec., 1869, at Lambton, New South Wales, Richard Percy, the only son of J. J. Hill, L.R.C.P.Ed., Surgeon to the Lambton Collieries, aged 14 months.
KELLY.—On the 24th ult., at Stockwell-road, Ellen, the beloved wife of Frederick Kelly, F.R.C.S., of Fetter-lane, in her 53rd year.
LAXON.—On the 22nd ult., Wm. Laxon, M.D., of Coventry, aged 76.
PEARSE.—On the 28th ult., at Bessborough-gardens, South Belgravia, after a most painful and lingering illness, Rosa, the wife of W. E. Grindley Pearse, L.R.C.P., M.R.C.S., &c., of Marsham-street, Westminster. Deeply lamented by a numerous circle of friends.
STEPHENS.—On the 26th ult., J. E. Stephens, M.D., of Twickenham, aged 50.
TIPPLE.—On the 21st ult., F. A. Tipple, M.R.C.S.E., of Erith, aged 51.
WILSON.—On the 1st inst., Geo. Wilson, M.R.C.S.E., of Leeds.

Medical Diary of the Week.

Monday, March 7.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—2 P.M. General Monthly Meeting.
MEDICAL SOCIETY OF LONDON.—General Meeting for Election of Officers and Council (the ballot will be opened at 7, and closed at 8 P.M.)—Mr. Spencer Watson, "On a Case of Resection of the Knee-joint, with Specimens sent for exhibition by Dr. Walker, of Hanley; "On a Case of Wound of the Ulnar Artery at the Wrist, with Primary and Secondary Hæmorrhage ultimately arrested by Ligature of the Artery in the Wound after failure of other methods." — Mr. V. de Méric, "On the subject of Cancer and Syphilis."
ODONTOLOGICAL SOCIETY. — 8 P.M. Mr. Coleman, "On the Treatment of Chronic Periodontitis by Replantation."

Tuesday, March 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Masters, "On Plant Life."
ETHNOLOGICAL SOCIETY OF LONDON. — 8 P.M. Col. A. Lane Fox, "On the Opening of a Cairn in North Wales." — Mr. Hodden M. Westropp, "On the Earliest Phases of Civilisation."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. Robert Lee, "On the Nature, Origin, and Treatment of Hysterick Disease." — Dr. Elam, "On Idiopathic General Cerebritis."

Wednesday, March 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 1 0½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
HUNTERIAN SOCIETY. — 7½ P.M. Council Meeting.—8 P.M. Mr. Reeves, "On some unusual Cases of Stricture, and their Treatment."
ROYAL MICROSCOPICAL SOCIETY. — 8 P.M. Dr. W. B. Carpenter, "On the Comparative Steadiness of the Ross and Lister Model under trying circumstances;" "On the Shell Structure of Fusulina;" "On the Microphyle of the Fish's Ovum;" "On the Reparation of the Spines of Echini."

Thursday, March 10.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On the Chemistry of Vegetable Products."

Friday, March 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Gulstonian Lectures: Dr. Maudsley, "On the Relations between Body and Mind, and between Mental and other Nervous Disorders."
ROYAL INSTITUTION.—3 P.M. Prof. Westmacott, "On Art."
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. Wilks, "On Cardiac Disturbance in connexion with Nephritis." — Dr. Greenhow, "On a Case of Atrophy of Brain, with great Depression of Temperature."—Mr. Holthouse, "On a Case of Inguinal Hydrocele." — Mr. Callender, "On Cases of Amputation in which the Arteries have been Ligatured."

Saturday, March 12.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. MAX MÜLLER, "On the Science of Religion."

Notes, Short Comments, and Answers to Correspondents.

THE REGULATIONS OF THE UNIVERSITY OF LONDON.

In the Calendar of the University of London for 1870, just issued, several alterations in the regulations relative to examinations are notified. The subject of Acoustics has been omitted from the Matriculation programme, and also from that of the general examination for women. At the 1st B.A. examination a paper will be set in Greek after the present year. In place of the Exhibition hitherto given in Chemistry and Natural Philosophy jointly, as the 1st B.Sc. and Preliminary Scientific (M.B.) examination for Honours, there will be henceforth an Exhibition for Chemistry alone, and, in addition, an Exhibition of the same amount, £40 per annum for two years, will be awarded for Proficiency in Experimental Physics. This latter has been provided by the liberal endowment of Dr. Arnott, and will be entitled the "Neil Arnott Exhibition." A Bronze Medal will also be given to each of the first two in the Experimental Physics Honours list. The Senate have likewise decided that in every case in which the award of a Scholarship or Exhibition is restricted to a candidate whose age does not exceed a certain prescribed limit, the limitation shall in the future date from the commencement of the Pass examination with which the prize is connected, instead of, as has hitherto been the case, from the commencement of the Honours examination to which it is attached. In future the Calendar will include only the names of those undergraduates who have matriculated within five years, and have not proceeded to the higher examinations. The names so omitted will be still retained in the General Register of the University. In the newly issued Calendar will be found the papers set in the examination for women, and that in Natural Philosophy at the Matriculation in June, 1869, about which much complaint has been most justly made.

Mr. J. J. Mackenzie.—Prof. Roscoe's little book would probably meet the requirements of our correspondent. Mr. Bloxam's Manual for the Laboratory is excellent in its way. Neligan's Materia Medica.

Dr. O. H. Foster, (Hitchin.)—The case will probably be published next week.

THE MORDAUNT DIVORCE CASE.

To the Editor of THE LANCET.

SIR,—I beg that you will permit me to call attention to a point in the Mordaunt case of considerable importance and interest both from a legal and from a physiological point of view.

In his address to the jury, Lord Penzance says: "The respondent made an entry in an almanac, and opposite the 3rd of April she has put a mark, and 280 days from the 27th June. Now, we have it from Sir Charles Mordaunt that she was expected to be confined about the 3rd of April. What could this mean but that she was to be confined on the day 280 days after the day on which the child was conceived?"

My answer to this important question is, that it may mean, and probably does mean, that on the 27th June Lady Mordaunt menstruated, and that she very properly and very correctly calculated the duration of her pregnancy to be 280 days from that event. Should this answer be correct, it would make an immense difference on the bearing of this entry in the almanac on the case; because it follows that if Lady Mordaunt menstruated on the 27th June, conception had not then occurred, and, almost to a certainty, could not have occurred for at least eight days after, and it is very probable that conception did take place a fortnight after that date—i. e., a week after the cessation of the catamenia,—when her husband returned from Norway after a period of sexual abstinence. Thus the entry in the almanac, instead of being a disgusting record of past criminality, becomes a pure and sensible memorandum, such as every pregnant woman makes either in her diary or in her memory.

Allow me to say a few words to show that my answer is probably correct.

About twenty years ago the usual manner of calculating the duration of pregnancy was to reckon from the time of conception; but then the period allowed was nine calendar months, or 270 days. In 1848, Dr. Tyler Smith published the "Periodoscope." Since that time it has become universal amongst medical men, and very general amongst intelligent women, to calculate from the first day of the last appearance of the menses, and 280 days is the correct period. Therefore the mention of 280 days instead of 270 forms a strong presumption that it was the menstruation, and not the conception, that was referred to.

It is evident that this is a question of great importance in the case, and it does not appear to be altogether incapable of elucidation. Who told Lady Mordaunt that 280 days was the period of pregnancy? Whoever it was could probably say whether it was from menstruation or conception she was likely to reckon. The laundry maid might also be able to say whether or not the catamenia appeared about the 27th June.

I am, Sir, your obedient servant,

Dollar, N.B., Feb. 28th, 1870. JOHN M. STRACHAN, M.D.

NEW OPHTHALMIC HOSPITAL, GLASGOW.

CORRESPONDENCE continues to pour in upon us as to this institution and its officers; but we cannot, at the risk of flooding our columns, throw wide the sluice-gates of publication. Neither party in the controversy is likely to convince the other, and its prolongation threatens to be acrimonious. Meanwhile, "for better, for worse," the institution is a *fait accompli*; and though the absolute necessity for it, in the presence of other such establishments in the town, has not perhaps been made thoroughly clear, it seems useless to subject it or its officers to further attack.

A Union Surgeon.—Certainly. The usual fee ought not to be refused by the guardians.

Mr. J. Dearden's (Accrington) paper must stand over till an early number.

A PIECE OF RAPID ANALYSIS.

No candidate for the post of public analyst should fail to "take out" the course of practical chemistry nightly provided by Mr. H. T. Craven at the Globe Theatre. He will there see, in the new "romantic drama, *Philomel*," the art of diagnosis brought to perfection, and the detection of poisons reduced to the greatest simplicity. A certain "Dr. Adderly"—whom we are glad to see described as "an irregular practitioner"—is busy poisoning a young widow medicinally, when his son, "Ernest Adderly, M.D.," suddenly returns to Jersey, where the scene is laid, and intervenes between the poisoner and his victim. He takes up a "composing draught" which the father has left for the unfortunate patient, smells it, tastes it, and then gives utterance to the following exclamation—"Morphia! Digitalis!! Hydrocyanic Acid!!! skilfully disguised in almond scent!" The absurdity of the mixture and of the diagnosis we need not enlarge upon. We can only regret that the author did not submit this and other passages to a medical friend, when we should have been spared the announcement from "Dr. Adderly" that oxide of arsenic is useful in aneurism, and that poison (unknown) when mixed with wine "forms a perfect *amalgam*." We quite appreciate the jest of making "Mr. Judah Lazarus," when injured in the arm, complain of being hit "just above the *bicycle*;" though we hope that the irregular practitioner's reproach to his son—"This is what you learn in London, to engross your father's patient"—is somewhat beyond the truth.

THE Belfast Association, Auxiliary to the Ladies' Association for the Repeal of the Contagious Diseases Acts, has not escaped our notice, and we shall probably have to refer to it in connexion with the subject of legislation for contagious disease.

Self-Respect should bring "Dr." Pippette's self-conferred degree, with his bill and card, under the notice of the Registrar of the General Medical Council.

Mr. James Vose Solomon's (Birmingham) paper shall be published next week.

THE GALWAY MEDICAL COLLEGE.

To the Editor of THE LANCET.

SIR,—I perceive that certain resolutions, which may be taken to represent the independent opinion of the students of Queen's College, Galway, have been published in your columns. As this is not a matter in which the public can afford to be kept in the dark, I hasten to enclose you a copy of correspondence between President Berwick and a Student of Queen's College, which has lately appeared in the *Freeman's Journal* for the 22nd and 23rd inst., and also the leading article of the *Freeman*, commenting upon the same. These documents explain themselves, and the true character of the meeting of students. In justice to the students and myself, you will either publish them or summarise their contents. The duplicity and terrorism they reveal are patent at a glance. It used to be a favourite stratagem with some Irish landlords, when the abuses existing on their estates had been denounced, to call together an "independent" meeting of tenants-at-will, and, with the rod of eviction held warningly aloft, dictate "resolutions" and "refutations" to their taste. Woe betide the tenant who declined to fall in with the movement. You, Sir, will be able to judge how far the comparison is applicable to the authorities and students of Queen's College, Galway. Anyone at all acquainted with University usages will exactly understand the gross breach of discipline the College authorities have not hesitated to authorise in order to carry out their ends. As a matter of course, the College authorities found some students only too willing to do their work, and glove over what they dared not meet openly. But this significant fact remains. *Only seventy students in all attended the meeting*, the majority of them being first-year's men. The remaining students of the College, perhaps amounting to seventy more, and including most of the senior men, carefully absented themselves.

President Berwick and his counsellers are certainly playing a desperate game. With what success time will tell.

I remain, Sir, your obedient servant,

Galway, Feb. 28th, 1870. F. H. O'DONNELL, M.A.

P.S.—I beg to append the notice I have sent the Council of Queen's College, Galway, in reference to the student meeting.

Montpelier-terrace, Galway, Feb. 19th, 1870.

GENTLEMEN,—With regard to a meeting of *students under discipline*, recently held *by the authorisation* of the President of Queen's College, Galway, *I* hereby give notice that I will hold the said President responsible for the acts of said meeting. I also give notice that I will hold the Council of Queen's College, Galway, responsible in so far as they adopt the conduct of said President.

I have the honour to remain, Gentlemen,

Your most obedient servant,

F. H. O'DONNELL, M.A.,

University Gold Medalist, ex-Senior Scholar in Metaphysical and Economic Science, ex-Senior Scholar in Modern History and Languages, ex-Senior Scholar in Jurisprudence and Laws, &c. &c., Member of Convocation of the Queen's University in Ireland, &c.

The Council, Queen's College, Galway.

*** We have received the journal alluded to by our correspondent. We have not the space at command this week to comply with his request. We may, however, say that the College authorities, in addition to having rusticated Mr. Melville, have rusticated Mr. J. C. O'Donnell, a student of the College, and brother of our correspondent, deprived him of his Scholarship, and revoked a testimonial of good conduct for the Indian Civil Service previously given him. This has been done on account of the part Mr. J. C. O'Donnell thought fit to take in reference to the late meeting. All we can say is, these gentlemen must have been terribly in the wrong to merit the infliction of so severe a punishment.—ED. L.

Scrutator complains of the occasional want of courtesy displayed by consulting physicians and surgeons towards general practitioners. The statements of patients, however, are not reliable. They are very apt to misapprehend or exaggerate what has taken place.

ST. THOMAS'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—Remembering the favourable accounts on the design for the new hospital in THE LANCET and other medical journals, I am surprised at reading the report in your impression of Feb. 12th, and I am anxious to make a few remarks on its inaccurate and exaggerated statements.

The writer begins by adding, without the slightest authority, a round sum of £100,000 to the estimated expenditure; and, without making any allowance for cost of site, special concrete foundations, the large cubic allowance per bed, and sundry buildings, such as offices for the civil administration, the Nightingale Training Institution, operating theatre for a large number of students, extensive out-patients' department, residences for four or five officers, &c., he proceeds to draw a comparison between the cost per bed of the hospital at Highgate (which does not include any such accommodation) and that of St. Thomas; and he further forgets to mention that the hospital of St. Thomas is of a much more permanent character, with all modern requirements, such as fire-proof construction, oak floors, &c. &c.

Such comparison, I submit, is most fallacious, and can only mislead. I have made comparisons with ordinary infirmary buildings, and after deducting the cost of site and such other items as before mentioned, and, allowing for the different character of the work and the increased allowance of space, I do not find that the cost per bed at St. Thomas is excessive.

It should be remembered that the site selected, which has been generally approved, involved a considerable outlay in foundations, substructure, and enclosures, which should fairly be considered as the price for the advantage of the position, and it must not be forgotten that the purchase of any other metropolitan site of equal area must have involved a larger expenditure.

I do not think the building can be fairly said to be "elaborate in ornamentation." I prefer, however, to leave others to judge whether the architectural character is in excess of that which the position demanded; but I can state that the ornamental features have added only a very small percentage to the cost of the structure.

The writer, while complaining of the cost, suggests sundry alterations, such as increasing the width of the courts, and reducing the height of the pavilions, thereby rendering additional buildings necessary to obtain the required accommodation, and separate buildings for nurses, kitchens, &c., all of which would entail additional expenditure; and, as an architect, I venture to inform him that he would have then found it impracticable to accommodate on the ground, and on the pavilion principle which he approves, the desired number of patients.

There are several inaccuracies with reference to the nurses' accommodation, sisters' rooms, kitchen, lifts, &c., which I have no time to refer to in detail.

I will only add that the plans were matured after long consultation with the medical staff of the hospital, and were for some time open to the inspection of persons interested in the subject. There has been no desire for "architectural display," but a sincere endeavour to arrive at the best possible arrangement of plan. Such arrangements are, of course, matters fairly open to criticism; but the charges of extravagance are, I submit, wholly unfounded, and have been made without sufficient consideration.

I am, Sir, your obedient servant,

Norfolk-street, Strand, Feb. 18th, 1870. HENRY CURREY, Architect.

*** We must demur to the statement that we have added £100,000 to the cost of St. Thomas's Hospital without the slightest authority. The site and bare building will certainly cost half a million, and it is rare indeed that buildings of this extensive character are finished anywhere within the estimate. Then the grounds have to be laid out, and the hospital furnished, and we submit that it is by no means improbable that the total cost will be "close upon £600,000." Nor did we make the comparison between the cost of St. Thomas's Hospital and that at Highgate with the object of proving that the former should have been erected on a similar scale, but simply for the purpose of showing that more might have been done if a more rigid economy had been observed. No doubt other requirements are needed at St. Thomas's than those which are provided at Highgate. Indeed we alluded to the school of medicine, &c., as having been included in the cost. But at the latter, the cubic space per bed, the domestic and nursing arrangements, the residences for superintendents, nurses, and officers are sufficiently provided for; in fact, for all useful purposes the hospital at £100 per bed will be just as serviceable as the one which, with all possible allowances, will cost many times that sum. Mr. Currey objects to our criticism on the height and closeness of the pavilions. We distinctly stated that it was probably necessary to have three wards in each pavilion, because otherwise sufficient accommodation could not have been found upon the ground; but what we objected to was, that the pavilions have been unnecessarily raised by the basement floor and by the attics, which will probably not be used for the purposes for which they were originally proposed. It appears to us that the cost of the nurses' and administrative buildings would not have been increased by putting them in a separate block, and that some curtailment of the official buildings would have provided the necessary space for them. We shall open our columns to any correction which Mr. Currey will point out as needed in our report; but we protest against insinuations that we have made any important errors, since the particulars were taken from the lips of the clerk of the works with the plans in view. With regard to the question of architectural display and extravagance, we can only say that these must be to some extent matters of opinion. We rest the justice of our remarks on the fact that the whole of these enormous funds belong to the poor, and that, in the interest of the public, who are feeling so deeply the pressure of the burden of poverty at the present moment, those funds ought to have been administered so as to have produced larger and more important results.—ED. L.

THE KNAPSACK QUESTION.

WE stated some time since that further competitive trials were about to be instituted between the Carter knapsack and accoutrements and the valise equipments in four regiments—Guards, 4th, 33rd, and 68th,—with a view of testing the respective merits of these equipments in an exhaustive manner. It turns out that all the regiments are strongly against Colonel Carter's invention and plan of accoutring, and in favour of the valise. The reports made by these regiments cannot but be considered conclusive by the military authorities, and we sincerely hope that no further delay will be permitted in the introduction throughout the army generally of the plan of equipment devised by General Eyre's Committee, and which from a very general point of view has always had our warmest support, on account of the admirable way in which the weight is distributed, and pressure taken away from over important vital organs hitherto embarrassed by the prevailing mode of accoutring. Some of our contemporaries thought fit to assert that there were grave objections to the valise equipment, on account of the inability which it entailed upon those who wore it to perform necessary movements with ease and rapidity. These statements have, under the severest trials, been shown to be utterly groundless.

Dr. James More's (Rothwell, Northampton) experience shall be published shortly.

Mr. G. Leslie Rogers.—Cases of the nature referred to are common enough, it is to be regretted, in all parts of the country, and we know of no existing law to prevent their occurrence. All deaths of which the cause is not certified in writing by a legally qualified medical practitioner, are entered by the registrar of deaths in his book as "not certified;" and whenever the registrar can ascertain that no medical man was in attendance during the last illness of the deceased, he records that fact in the register of death. But this non-certification of the *cause* of death does not affect the validity of the registrar's certificate of the *fact* of death, which alone is essential for the burial of the body. Our correspondent will find additional information on this matter in THE LANCET of Nov. 6th last (p. 605).

Mr. Mackenzie's (Glasgow) paper on the "Treatment of Syphilis by Syphilisation" shall receive insertion.

Hibernus.—Before we can answer our correspondent's question, he must acquaint us with the diathesis of the patient, and the particular form of his rheumatic seizure.

G. B., (Sunderland.)—The "paper sent" has not arrived.

REGISTRATION OF MARRIAGES IN IRELAND.

To the Editor of THE LANCET.

SIR,—In a recent number of your journal the Irish Registrar-General complains of the imperfect way in which the marriages are registered. No wonder he should, when I tell him candidly that one-half of the marriages which take place in Ireland are not registered at all, and the reason is the miserable pay which the registrar has for his trouble.

Now, Sir, I consider one shilling quite sufficient for either a birth or a death, consisting of about twenty-one words; but you will agree with me, I am sure, when I say that sixpence for a marriage certificate, which the registrar must complete, with the exception of a few signatures in the first instance, and make two copies of afterwards, is shabby remuneration. Let the pay be increased in proportion to that of births and deaths, and I believe there will be no reason for complaint. Yours, &c.,

February, 1870. EX-REGISTRAR.

WE were last week favoured with a letter from *Mr. George Reid*, a duplicate of which was published by one of our contemporaries. Mr. Reid "suggests" that "Hospital Sunday" should be instituted in London, and that the cash collected should be distributed among the several institutions by a committee. If the merit of these "suggestions" belonged to Mr. Reid, we should say they were most excellent; but as self-praise is proverbially no recommendation, we can only remark that we think we have met with them before.

OUR article on "Naval Medical Promotion and Retirement" is in type; but, to our great regret, we are compelled at the last moment to keep it over till next week.

BACCALAUREUS AND DOCTOR.

IN this, as in all civilised countries, the degree of Bachelor is inferior, as being preliminary, to that of Doctor, whether in the faculty of Theology, of Law, or of Medicine. The indiscriminate bestowal of the designation "Doctor" on every practitioner of the healing art is one of those vulgar abuses which is being slowly but steadily corrected in the progress of medical reform. Any University recognising this abuse would commit a breach of academic comity; while every M.B. who calls himself, or encourages his being called, M.D., is fairly chargeable with holding the honour of his profession as of smaller account than personal aggrandisement.

Mr. Joshua Wood (Richmond, Yorkshire.)—We shall be glad to see the suggestions he offers.

Nemo puts a question which we have never seen satisfactorily answered—What is the origin of the term "Lock" Hospital? Can any of our readers help him?

Dr. Burke's (Queensland) cases shall receive early publication.

Mr. E. Jones, (Birmingham.)—Our correspondent can scarcely expect us to furnish him with information on such points as those alluded to in his letter.

THE communication of *Mr. W. F. Morgan* (Bristol) shall receive attention next week.

An Old Subscriber's (Lincoln) request shall be complied with.

A TRANSATLANTIC LIBEL.

IN turning over the pages of the *Richmond and Louisville Journal* for January, 1870, we came upon a passage in which the Editor—alluding, no doubt, to our efforts for the suppression of unprofessional advertising—says "there seems to have been some difference of opinion as to the advertising of specialists in Europe," and then proceeds to mention that he has had placed in his hands copies of the prescription papers of eminent oculists in London, Berlin, and Paris, as well as those of a distinguished London practitioner in another department. Then follows in italics the following statement:—

"All of these prescription papers bear conspicuously the name, residence, and specialty of those who give them, and these papers are disseminated 'broadcast' over the cities in which these gentlemen respectively practise."

After full inquiry we are in a position to deny, as regards our London brethren, the truth of this allegation. Neither of the gentlemen named, nor any others that we know of, do more than write their prescriptions on ordinary note-paper, upon which, as is the custom of the day, the address is stamped. In England every physician signs his prescription with his initials, and every surgeon with his name, but we never heard of anyone adding the specialty in which he practises; nor is it easy to understand what is meant by "broadcast," unless it be that these gentlemen's popularity renders their practice cosmopolitan.

Mr. E. J. Adams is thanked for his paper, which shall appear in an early impression.

THE LATE MURDER IN DUBLIN.

AT a meeting of the Pathological Society of Dublin on Saturday last, Mr. Hamilton showed the heart of the unfortunate man who had been assassinated the previous Sunday in Usher's-quay. On examination, the bullet was found to have penetrated the right auricle, then the left ventricle, and ultimately lodged in the lung. One of the ribs was broken by the transit of the ball. Another bullet was found flattened out against the femur. A peculiar point in the case of medico-legal importance was, that, after receiving such an injury of the heart, the man walked across the road, a distance of perhaps sixteen to twenty feet, and then fell, dying very shortly afterwards.

Dr. John Day's (Geelong, Victoria) letter of May 22nd, 1869, in reply to Dr. Pavy, "On the alleged Efficacy of the Peroxide of Hydrogen and Ozonic Ether as Remedial Agents in Diabetes Mellitus," was published in THE LANCET of Nov. 13th, 1869.

Mr. J. Blackburn (Public Vaccinator, Barnsley) has our heartiest good wishes in his undertaking.

OUR space is so completely exhausted by the reports of the Medical Council meetings and other matters of pressing importance, that we are compelled to hold over our foreign correspondence and many other original and interesting communications now standing in type. Among these we may specify Mr. Joshua T. Clover on the "Methods of Administering Chloroform;" Dr. Franklin Gould's "Journal of a Visit to the Spanish Hospitals;" Prof. Lister on a "Case of Dislocation of the Ankle, illustrating the Antiseptic System of Treatment;" the conclusion of Dr. Headland's paper on "Medical Education;" the letter of our Birmingham correspondent; &c.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Russell Reynolds; Mr. T. Holmes; Dr. Letheby; Mr. Davis, Ware; Mr. Hopkins; Mr. Hardy, Bridgwater; Dr. Flowers, Leicester; Mr. Wharton, Buxton; Dr. Black, Glasgow; Mr. Webb, Frome; Mr. Holliday; Mr. Wood, Richmond; Mr. Blackburn, Barnsley; Mr. Ryland; Mr. Johnstone, Callander; Mr. Campkin; Dr. Williams; Mr. Cuney; Mr. Watkins; Dr. More, Rothwell; Mr. Dearden, Accrington; Mr. R. Edwards, Chatham; Mr. Warren, Cork; Mr. Davis, Cardiff; Mr. Brook; Mr. W. Purkis; Mr. Hood, York; Dr. Aubrey; Mrs. Metcalfe; Mr. Clarke; Dr. Grosvenor; Mr. Mackenzie; Mr. Thomas, Torquay; Mr. Horne; Mr. Bowen, Scarborough; Mr. Atkins; Dr. Browne; Mr. O'Donnell, Galway; Mr. Warburton: Dr. Webster, Bradford; Mr. J. Nutt; Mr. Marshall; Mr. Merry; Mr. Rye; Dr. Kitchener, Chippenham; Dr. Griffith; Capt. Montague; Mr. Watson; Mr. Simpson; Dr. J. B. Tuke; Mr. Livingston; Mr. Wallace, Lucknow; Mr. Whitfield; Mr. Wayne, Salford; Dr. Burke, Queensland; Dr. Day, Geelong; Dr. Marsh, Upton-on-Severn; Mr. Holdiness, Huntingdon; Mr. Jeanes; Mr. Wilson, Edinburgh; Mr. Blythman, Swinton; Dr. Waring; Mr. James, Rugby; Mr. J. Jones; Dr. King; Mr. Matthews, Greenock; Mr. Morley, Blackburn; Dr. Lightbody; Mr. Kitts, Sunderland; Mr. Laurie; Dr. Murray, Wickham; Mr. Hedges; Mr. George, Ferry Hill; Mr. Donald; Mr. James, Peterborough; Mr. Warrener; Dr. Strachan; Mr. Rendle; Mr. Gregson; Dr. Mitchener, Lincoln; Mr. Wareham; Mr. Davy; Mr. Gell, Southam; Mr. Hayward; Mr. Jones, Birmingham; Mr. Rogers; Mr. S. A. Brindley, Edgbaston; Dr. Wood, Parsonstown; Mr. Northcott; Dr. Ross, Liverpool; Mr. E. J. Adams; Mr. Hill; Dr. Hargraves; Messrs. Coleman & Co.; Mr. Thompson, Nottingham; Mr. Fearon; Mr. Renton; The President of the Quekett Microscopical Club; Beta; Fides; A Country Surgeon; M.D.; Self-Respect; An Old and Grey Assistant; Nemo; A. B.; J. L. B.; Viator; A Member of the Preston Medical Society; A Union Surgeon; &c.

Mold Chronicle, Food Journal, North Wales Chronicle, Brighton Guardian, Sunderland Times, Brighton Gazette, Glasgow Medical Examiner, Galway Vindicator, Belfast News-Letter, City Press, California Medical Gazette, Newcastle News, Staffordshire Sentinel, Australian Medical Journal, Consett Guardian, Birmingham Daily Post, Montrose Standard, South Bourke Standard, County Express, and *Birmingham Daily Gazette* have been received.